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claim for it. Prof. C. T. P. Fennel, of Cincinnati, Chemist of the Ohio Pure Food Commission, having, by error, included Vin Mariani in a list of products not up to the standard within the meaning of the law, not only acknowledged his mistake, but also authorized the public announcement that its sale in the State of Ohio was perfectly lawful. The stringent laws regulating food-products in Ohio make this testimonial exceedingly valuable not only to Mariani & Co., but also to physicians at large, for it demonstrates to the latter that the confidence they have always shown Vin Mariani as a nerve-tonic lay on a solid basis. We can hardly see how any other conclusion could be reached when we consider the list of names indorsing it,—*i.e.*, the cream of the profession.

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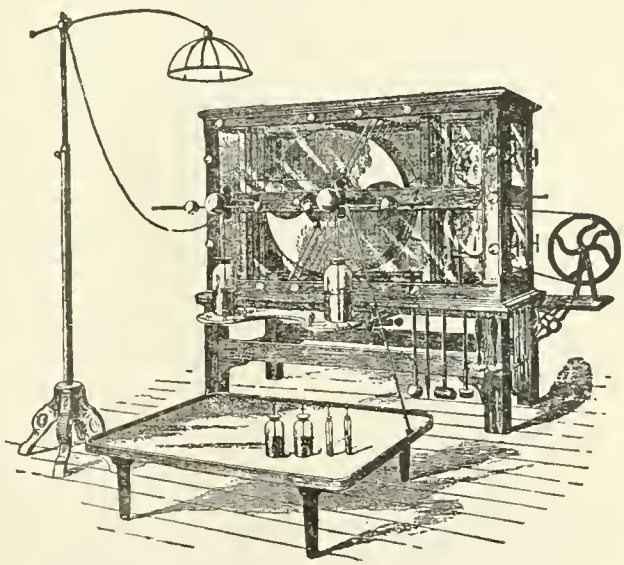

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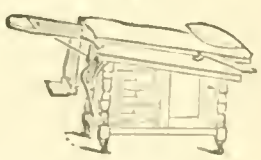

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SEASONABLE SUGGESTIONS.

With the opening of the winter season, and its attendant bronchial and pulmonary troubles, we are having from many sections reports of a recurrence of the La Grippe epidemic which for the past six or seven years has afflicted the country.

This fact makes particularly pertinent a recalling of the salient points of Dr. V. W. Gayle's paper, first published in the *Medical World* in the midst of La Grippe's most malignant visit. It will be well to note closely his recommendations and experience in connection with the recurrence of the epidemic which is now apparently upon us. He says: "This disease, by proper treatment of an attack, can be so modified as to be almost aborted. If not properly managed, influenza is particularly liable to grave complications; even in mild cases the tendency is toward prostration, and often the nervous shock is such as to materially debilitate the patient. Where there is much angina with acute bronchial irritation, the following is indicated:—

℞ Ammon. chloridi, ... 3ij.
Potassii chloras, ... 3j.
Tinct. ferri chloridi, ... 3ij.
Syr. simplex, ... 3ij.
Aquæ, ... q. s. ft. 3iv.

M. Sig.: Teaspoonful in sweetened water every four hours; also apply to the throat with probang every three hours.

"Quinine is the best germ-destroyer we have for the microbe of influenza. During the recent epidemic I aborted quite a number of cases with antikamnia and quinine in combination; also with antikamnia and salol. The relief obtained by the administration of antikamnia alone, where the cephalalgia was severe, as in the majority of my cases, was wonderful. When the pain seemed almost intolerable I have seen a 10-grain dose banish it.

"Mustard pediluvia are of great advantage, and a plaster of mustard and lard, one part of the former to two of the latter, applied directly to the chest, answered admirably as a mild counter-irritant.

"Expectorants are often needed, and antikamnia should be administered with them, thus:—

℞ Antikamnia (genuine), ... 3j.
Syr. senega, ... 3j.
Vini ipecac., ... 3iij.
Syr. tolutan., ... q. s. ft. 3iv.

Mix and let stand until effervescence ceases.
Sig.: Teaspoonful every two hours.

"The mild chloride of mercury, in minimum doses often repeated, will be beneficial. The following prescription is a favotite of mine:—

℞ Hydrarg. chlor. mit., ... gr. j.
Sodii bicarb., ... 3j.
Lactopeptine (genuine), ... 3ss.

M. ft chart. no. x.
Sig.: One every hour until all are taken, followed by a full dose of Hunyadi Janos water."

"Antikamnia-and-Quinine Tablets," containing 2½ grains each of antikamnia and quinine, also "Antikamnia-and-Salol Tablets," containing 2½ grains each of antikamnia and salol, offer the best vehicle for exhibiting these combinations, giving 1 every two or three hours.

Gayle concludes his paper as follows: "What is most needed is an antithermic analgesic to relieve the pain and reduce the fever. These properties are found in antikamnia. This with the germ-destroyer, quinine, is all that I really needed in the treatment of this disease. I advocate the use of stimulants in nearly every case. They are frequently needed in the onset of the disease. Sprays of carbolic acid, turpentine, or resorcin are frequently efficacious in the laryngeal troubles. The diet should be light and easily digestible. By careful attention and avoidance of exposure, together with the line of treatment mapped out, the vast majority of cases will recover. Of course, there are occasional cases which present symptoms which require other remedial agents, but these of necessity must be left to the discretion of the medical attendant."

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Selections from Society Proceedings.

AUSTRIA-HUNGARY.

K. K. Gesellschaft der Aerzte in Wien.

Meeting of December 1, 1893.

Professor Neumann presented a case of *syphilitic re-infection* which, in consequence of the very pronounced symptoms, may be considered as characteristic. The diagnosis of the case is rendered unquestionable by observations made during the course of several years. The patient was a waiter, 29 years old. He first attended Neumann's clinic in 1889. At that time he had, in the sulcus coronarius, extending to the inner membrane of the prepuce, a dark scar, the remains of a former ulcer. At the same time there existed a diffused chancre and a general swelling of the lymph-glands. The patient received ten mercurial inunctions and four injections of calomel, and was discharged after the disappearance of the visible symptoms.

In August, 1892, the patient again presented himself, with a scar about the size of a pea upon the left side of the frenum, the surrounding parts of which felt hard; a purulent bubo in the left inguinal region, and periostitis of the left tibia. In September, 1893, there was, upon the skin of the penis, near the right peno-scrotal fold, a sharply-defined ulcer, about the size of a dime, rather deep, and the base of which was covered with a closely-adherent coating; the edge of the ulcer was slightly raised, and, like the base, was hard to the touch. There were, besides, two ulcers the size of peas on the mons veneris, with deep, uneven glandular bases. The region sur-

rounding the ulcers was red and infiltrated to a distance of several millimetres. The dorsal lymphatic vessel was thickened, and the inguinal glands on both sides were as large as walnuts and indolent.

The case was rather striking on account of the peculiar appearance of the ulcers, and of the pronounced bilateral swelling of the lymphatic glands, as well as the absence of any other syphilitic symptoms, and Neumann, therefore, determined to keep the patient under continued careful observation. When he presented himself, at the end of the month (November, 1893), the situation had become fully cleared up. In place of the former ulcers, pigmented, hard scars were felt. The inguinal glands of both sides were much swollen, the left cubital (elbow) glands enlarged. There was a "speckled coating" on the tonsils, circumscribed reddening of the soft palate, and a yellowish plaque in the same location. Upon the chest, abdomen, back, and forearms, closely distributed efflorescences, slightly raised and of a pale-red color, ranged in lines following the creases of the skin. Similar efflorescences on the face, very numerous upon the chin, were likewise arranged in a line upon the forehead (corona venerea). There was no longer any doubt that this was a genuine case of syphilitic re-infection. The typical course of the symptoms, as well as the character of the present affection, the first infection having occurred nearly five years before, and the symptoms of a later stage (periostitis) having already shown themselves in August of the year previous, made the diagnosis positive. The indurated ulcer present at the same time, after which a bubo had also appeared, may well be considered as a so-called "chancroid," an indurating venereal ulcer, occurring as it did in a syphilitic. The question of syphilitic re-infection is a mooted one, though numerous cases have been reported of late years. Neumann's case is, however, a rare one, in which the separate stages from the beginning were scientifically observed and the curability of the disease demonstrated. Neumann states that he could refer to one hundred cases of cure in his clinic during the past ten years; while in his private practice he had met with many cases treated by him ten years before, who had since been free from any symptoms, and had married without any manifestations of the disease in wife or children.

The case is also interesting from the fact that ten inunctions and four injections were sufficient to produce a cure. Neumann has often observed similar results, one single appropriate treatment sometimes insuring a lasting cure. He is, therefore, in no way a supporter of Fournier's method of intermittent treatment continued over a long period, but believes that our fundamental principle should be to induce a cure by the smallest possible quantity of medicine.

Professor Paltauf showed the stomach of a *suicide* who had poisoned himself *with paraldehyde.* The stomach contained about 1½ quarts (litres) of chyme; the anterior wall, the left lobe of the liver, and the diaphragm were quite hard, the serous membrane dry, and the mucous membrane of the stomach hardened from the pylorus to the cardiac orifice. The fact that the posterior wall of the stomach showed no change is noteworthy, as well as that the poisoning occurred by means of a medicament.

Wiener medizinsche Doktoren-Kollegiums.

Meeting of December 4, 1893.

Dr. M. Köhler reported a case of *complicated fracture of the upper maxilla.* A young man received a blow in the face from a horse's hoof, after which he vomited, and was carried in a highly anæmic condition, without, however, having lost consciousness, into the presence of the speaker. There was detachment of a flap from the conjunctiva and sclerotic of the right eye, the lip, and of the entire limbus of the upper jaw. Union by means of bone-sutures being impossible, extirpation of the fractured portions, comprising both the upper maxillæ, was practiced, with suture of the conjunctiva and the wound upon the upper eyelid. Cured after twenty-five days. In order to permit of the administration of solid food, an artificial jaw was inserted, which was easily borne by the patient, and which fully met the requirements. Professor v. Reder remarked that hoof-blows usually strike the face, and that it is usually the lower jaw which is fractured.

FRANCE.

Académie de Médecine.

Meeting of November 28, 1893.

Dr. Péan reported a successful case of *trephining* of the skull for *submeningeal abscess.* The patient was a little girl, aged $4\frac{1}{2}$ years, who, four months before, had received a shot from a revolver at the level of the right eye, the ball penetrating the skull. There was complete abolition of sight in the right eye, cephalalgia, fever, weakening of the sight of the left eye, and, later on, hemiplegia of the left side, complete in the arm and incomplete in the inferior member and in the face. Toward the end of September the little patient was attacked by Jacksonian epilepsy. Trephining was then decided upon, and was practiced in the upper extremity of the Rolandic area. Incision of the meninges gave exit to 200 grammes (7 ounces) of pus; the purulent cavity was washed out, the dura mater sutured with catgut, and the soft portions with Florence silk; a rubber tube was left inserted in the wound. Movements then re-appeared in the portions previously paralyzed, and the sight improved slightly several days after the operation. Three weeks later the drainage-tube was removed. The attacks of epilepsy have ceased entirely since the operation, and at present the cure may be regarded as complete.

Dr. Labat made a communication on the results obtained by Dr. Gautier and himself with the use of the *hydro-electric bath*, with an alternated current. They treated a large number of patients by this method, and the following are the conclusions arrived at: 1. The alternated current generalized upon the entire surface of the body through the intermediary of water is a powerful excitant of nutrition. 2. Its use is indicated in all affections arising from defective nutrition, *i.e.*, eczema, subacute or chronic rheumatism, sciatica, gout, the various forms of arthritism, obesity, chloranæmia, lymphatism, and rhachitism. 3. It also acts favorably in cases of muscular atrophy, even when generalized, and in infantile paralysis.

Société de Biologie.

Meeting of November 25, 1893.

Dr. Roger, in a paper upon the *action of arterial blood upon the temperature*, stated that upon the introduction of 8 to 10 cubic centimetres (2 to $2\frac{1}{2}$ drachms) of arterial blood, taken from a dog or a rabbit, into the veins of a rabbit, an hypothermia is always induced, lasting from thirty minutes to two or three hours, after which the temperature rises to the normal and is there maintained. If, on the contrary, we use defibrinated blood or serum, an entirely different hyperthermia results. This is not due to the ferment of the fibrin, but to a substance which readily arises in the blood. The hypothermic substance of the blood is eliminated in the urine. This liquid also contains a thermogenic substance; the two may be readily separated. The kidney acts as a filter for the hypothermic matter, and liberates the thermogenic matter. The mechanism of thermic regulation and of fever can thus be explained, and it also gives the reason why uræmia is at times accompanied by a falling and at times by an elevation of the temperature.

Dr. Sottas, speaking of *retrograde degeneration of the anterior pyramids*, remarked that in four cases of transverse lesions of the spinal cord, of syphilitic origin, in which he had had occasion to observe, he had found, together with the classic secondary degeneration, an ascending degeneration of the anterior pyramids. This does not appear to be connected with a destructive process of the funicular cells of the gray substance, but with a retrograde degeneration,—a fact already supported by experimental anatomy.

Dr. Henry Fraenkel reports some experiments upon animals, in which, after the injection of urine into the veins, he has observed in certain cases that *some urines possess antidiuretic properties.*

Meeting of December 2, 1893.

Dr. Ch. Richet communicated an important memoir on *the influence of irritating substances upon the leucocytes contained in the blood.* The injection of artificial serum into the veins of a dog does not modify the number of white globules. On the contrary, the injection of essence of turpentine dissolved in alcohol causes an enormous diminution in the number of leucocytes, which, however, re-appear in living blood at the end of several minutes. The toxins of tuberculosis produce the same effect. According to previous researches, which have shown that the leucocytes charged with microbes or with grains of carmine accumulated preferably in certain organs, such as the liver, it is allowable to suppose that the momentary disappearance of the leucocytes in Dr. Richet's experiments is due to their temporary accumulation in a circulatory region or in the capillary net-work.

Dr. Malassez remarked that it is difficult to find an absolutely correct mode of enumerating the leucocytes. Actually, they are counted proportionately with the number of red globules, and the latter number may vary during the experiment.

Dr. Hayem considers that since the leucocytes adhere to the vascular walls, as has been shown by the experiments of Poiseuille, the slightest vasomotor contractions may momentarily fix them in position, without interrupting the circulation of the red globules.

Dr. G. Pouchet shared this opinion, and added that the irritation of the epithelia by an irritating intra-venous injection may provoke intra-vascular thrombosis of leucocytes.

Dr. Richet considered that the general result of his experiments was incontestable.

Dr. Girode read a report of a case of *purulent typhoid cholecystitis* which he studied with Dr. Gilbert. In the case in question a decided swelling of the biliary vesicle had occurred during typhoid fever. Six months later the patient was operated upon by Professor Terrier, who found that the vesicle was filled with pus and contained a large calculus. The pus contained Eberth's bacillus in a state of purity, and the inflamed walls of the vesicle contained the same bacillus.

Société de Chirurgie.

Meeting of November 28, 1893.

Professor Verneuil stated that, about a month before, he had removed a *voluminous sarcoma of the tonsil.* The patient was a young man who, for three or four months, had observed that his left tonsil was gradually increasing in size. This enlargement was indolent, but it soon caused disturbances of phonation, respiration, and of deglutition. When the patient came to Verneuil the tumor was of the size of a large mandarin orange, and had invaded the soft palate, the pharyngeal wall, and the base of the tongue, it being impossible, however, to determine the limits of extension into the latter. He proceeded to remove the neoplasm in the following manner: An incision was made, starting from the commissure and extending along the lower edge of the maxillary as far as the perpendicular ramus. The flap thus formed was dissected temporarily, leaving the mucous membrane of the mouth undisturbed, in order to prevent blood from dropping into the mouth, and was thrown upward. The submaxillary region, thus laid bare, was relieved of the ganglia which it contained, and the submaxillary gland was removed at the same time. The external carotid was ligated with difficulty, but proved of very great service. The mucous membrane still adhering to the maxillary was severed and turned upward, and, on opening the mouth very wide, a full view of the tumor enabled it to be readily seized. With the thermo-cautery the palatine and pharyngeal attachments were severed, and the neoplasm then presented the appearance of a pediculated tumor, the pedicle of which was deeply imbedded in the base of the tongue. It was thus necessary, in order to complete the operation, to remove a large portion of the base of the tongue, together with the pedicle. This was very difficult to accomplish, and, if the author had persisted in performing the operation through the mouth, he would have been able to remove but a small portion of the intra-lingual growth.

As he already had opened the subhyoid region at the beginning of the operation, he thought that it would be easy to pass the tongue out in this way, and that an incision as long as necessary could then be made. Nevertheless, the size of the tumor prevented the passage of the tongue through

the subhyoid orifice; he therefore removed the greater part of the tumor, after which the tongue, thereby reduced in size, readily passed through the orifice which he had made. The tongue thus being easily accessible as far as its base, he was able to remove the entire tumor, even excising a portion extending somewhat beyond its limits. The parts were then brought together and dressed. After this antiseptic solutions of chloral were used daily, and twenty days later the patient returned home, entirely cured. The results of the operation were entirely satisfactory; there was no trace of inflammation, which he attributed to the antiphlogistic influence of the ligated carotid.

Dr. Maunoury stated that he had performed seven operations in the manner indicated by Dr. Verneuil. Sometimes he had been obliged to resect a portion of the maxilla.

Dr. Dieu stated that, two years before, he had presented to the society a patient having an *arterio-venous aneurism of the left cavernous sinus*, consequent upon a stab with a foil. The opinion of the society was that it would be best not to operate. To-day, with the exception of a slight exophthalmia, the patient is radically cured; all the symptoms have disappeared, especially the peculiarly disagreeable symptom of tinnitus, which made life almost unbearable. The cure was effected suddenly, after a violent fit of sneezing. It is probable that the effort made by the patient caused the detachment of a clot which had obstructed the arterial opening.

Dr. Quénu presented a case of *multiple aneurisms*, in order to have the opinion of the members present. The patient in question is a young clown, an alcoholic, who has a very large aneurism of the right external iliac artery and a small aneurism of the left femoral.

Dr. Kirmisson advised ligation either of the external or the common iliac. Owing to the size of the aneurism, it would be best to abandon the classic incision and to practice laparotomy beforehand. The aneurism of the left femoral might be considered later.

Dr. Bazy called attention to the fact that, two years ago, he had had occasion to treat an iliac aneurism analogous to the present case. He extirpated the sac, and resected from twenty to twenty-five centimetres of both the iliac and femoral arteries. The patient recovered.

Dr. Périer stated that, in a case similar to the present one—that is to say, one in which the entire arterial system was affected—the ligature of the iliac resulted in section of the vessel.

Dr. Peyrot observed that this patient's general condition was very poor, and that the worst was to be feared in such a case.

A certain number of the members considered that the patient would very soon be lost, if no intervention was made, and advised that ligature should be attempted, as a last resource.

Meeting of November 22, 1893.

Dr. Reynier read a report of two cases of *intermittent hydronephrosis* sent by Dr. F. Hue, of Rouen. The first was a young cavalry officer, who, seven years before, had noticed that a tumor was developing very rapidly

in the left hypochondrium; this finally attained the size of an adult head. Hue, in view of the character of the tumor and the progress of the affection, diagnosed an intermittent hydronephrosis. Puncture gave issue to 4 litres (quarts) of fluid, and since then recovery has been maintained. From an etiological point of view, Dr. Hue found nothing among the antecedents or history of his patient, with the exception of the probability of a mesenteric tuberculosis during childhood. If the cure remains permanent, the case will show the possibility of recovery from intermittent hydronephrosis upon simple puncture, but this is so rare that we are not warranted in considering this mode of treatment of absolute value. In the statistics of eighty-three cases by Drs. Terrier and Beaudoin, only two cases were followed by a like success, and even these are mentioned with reserve by the authors.

In studying the cause of these accidents, Hue was able, in the case observed by him, to set aside the idea of a floating kidney and that of renal lithiasis; sufficient reason to explain a diminution of the calibre of the ureter may be found in the existence of old tuberculous lesions. The researches of Drs. Albarran and Legueu, indeed, demonstrate that hydronephrosis is produced by incomplete obliteration of the ureter, the latter retaining its permeability.

Dr. Bazy stated that, according to Albarran and Legueu, complete obliteration of the ureter did not produce hydronephrosis, while, by numerous experiments upon animals, he had found, after the entire obliteration of the ureter, a considerable hydronephrosis accompanied by renal lesions. He had not had occasion to observe the curve of the ureter which has been supposed to explain the presence of intermittent hydronephrosis.

The second case reported by Dr. Hue was a *lipoma of the spermatic cord*,—a rare tumor of the inguino-scrotal region. The patient was a man, 64 years of age, who had noticed the development of this tumor about thirteen years before. It was indolent, and extended into the inguinal canal; it was impossible to determine its upper and lower limits. The patient had grown thin, and his general condition was very poor, which led to the diagnosis of a tumor of the testicle undergoing a malignant transformation. Hue undertook a surgical operation, and found a large lipomatous mass, weighing 11 pounds ($5\frac{1}{2}$ kilogrammes), which, in its lower portion, had undergone colloid degeneration. The mass was resected, and recovery was complete. Lipomata of the spermatic cord are rare. Broca and Delbet have reported several examples. These cases have frequently been confounded with inguinal hernia, especially with irreducible epiplocele. Lipomata have been considered by some authors as a pathogenic factor in the production of hernia.

Dr. Reclus stated that he had reported, in the *Traité de chirurgie*, a case similar to that cited by Dr. Reynier; the patient was a man aged 62 years, upon whom he had decided to perform castration for a myxoma of the testicle. He found the latter intact in the tunica vaginalis, and removed a tumor of the cord composed of pure fat without colloid degeneration.

Dr. Schwartz had operated, at the Beaujon Hospital, upon a lipoma

of the cord co-existing with a tumor of the testicle, expecting to find a sarcoma of the latter. The sarcoma was present, but there was, besides, an enormous lipoma of the cord.

Dr. Tuffier reported *a case of extra-uterine pregnancy.* He was called upon to attend a woman whom he found in a state of collapse; he was told that she had not menstruated for over two months; in the posterior vaginal *cul-de-sac* a rather hard mass could be felt, giving the impression of a hæmatocele, probably consequent upon an extra-uterine pregnancy. He at once practiced laparotomy, and found a fœtus of two and one-half months, entirely free, in the midst of the sanguineous accumulation coming from one of the tubes. Lavage, drainage, and a simple after-treatment were utilized. The patient is now in excellent health.

Dr. Reynier had three times met with a fœtus in the midst of a peri-uterine hæmatocele. He does not quite see the advantages of the drainage used by Dr. Tuffier, the sanguineous accumulation being aseptic.

Dr. Quénu said that there is a great diversity of opinion upon this point; the majority of these accumulations are very aseptic, which fact explains the formation of cysts.

Dr. Lucas-Championnière regards as important only the conditions in which the lavage has been practiced.

Société Médicale des Hôpitaux.

Meeting of November 24, 1893.

Dr. F. Widal and Dr. Chantemesse read a paper upon *cold abscess following typhoid fever, and the clinical and bacteriological specificity of typhoid osteomyelitis.* Recent bacteriological investigations have elucidated the pathogeny of the suppurations observed during the course of typhoid fever, during its decline, and during convalescence. It is at present a current theory that these suppurations are sometimes benign and occasioned by ordinary pathogenic microbes, and at other times truly specific and due to the action of the typhus bacillus alone. Of the latter form they had observed about forty cases. Variable in their localization, the microbes had, however, a predilection for the bony tissue and for the mucous membranes. The symptomatology is sometimes regulated by the seat of the lesion. This is the case in meningitis. Generally, suppuration is established without high fever or intense reactional symptoms; there are even cases in which the suppuration originates in the bones, and in which fever is entirely absent, as well as the general symptoms, and in which the lesion may develop during months and even more than a year, under the guise of a syphilitic osteopathy or a tuberculous abscess. It is to this form of suppuration, cold and apyretic, due to the bacillus of Eberth, that Widal and Chantemesse would call attention. They cite two cases which they have recently observed. The first was a man, aged 25 years, who, during convalescence after typhoid fever, was affected by a subperiosteal abscess of the tibia. The evolution of this cold suppuration lasted eleven months, and was unaccompanied by general reaction or fever.

In the second patient, 29 years of age, the cold suppurations appeared on different points,—radius, ulna, tibia, etc.,—and, after incision, remained fistulous for a long time. They evolved, during nearly fifteen months, in such a manner as to simulate tuberculous suppurations. Bacteriological examination of the pus showed the bacillus of Eberth in a pure state. Such persistence of this bacillus in the economy has not been met with in any case, up to the present time.

Besides the bacillus of tuberculosis and the typhoid bacillus, staphylococcus pyogenes may, in certain cases, also induce cold suppurations and end in the same process. According to fourteen cases in which the presence of the bacillus was proven, the characteristics of typhoid osteomyelitis may be summed up as follows: The age of the subject and the form of typhoid fever from which he has suffered are the most important etiological factors. Typhoid osteomyelitis shows a predilection for adolescence; but this is, however, only a predilection, since, in a notable proportion of cases, it is observed at a relatively advanced age, contrary to what has been observed in the forms of osteitis called the osteitis of growth, but due, in reality, to the ordinary pyogenic microbes.

Typhoid osteomyelitis is principally observed in the relapsing and protracted forms of the disease. It is usually an accident of convalescence. Most frequently it begins during the month following defervescence, apparently with a preference for the first week. As regards the localization of the typhoid osteomyelitis, the bones alone were affected in the 14 cases, and nearly always at a level of their diaphysis. The tibia is the bone most generally affected; it was attacked in 12 of the 14 cases. One tibia alone was affected in 7 cases, the ribs and the ulna in 2 cases. The lesion is nearly always situated in the superficial portions of the bone. The two favorite spots are the compact tissue of the diaphysis. The quantity of pus collected may vary from several drops to $\frac{1}{2}$ pint ($\frac{1}{4}$ litre). It is generally of a creamy, smooth consistency, white or yellow in color, and without odor. It contains a greater or less quantity of bacilli, which may have retained all their virulence.

Pain was never absent in any of the complications. It marks the beginning of the trouble. It is, at the onset, usually localized at the point where the osseous lesion will be developed, is generally very violent, sometimes osteoscopic, as in syphilis. There are cases in which simple incision of the tumor suffices to induce a rapid recovery, but very often suppuration again occurs or the cicatrice remains fistulous for some years. In this case we have a more-profound osseous lesion, and the extirpation of the necrosed region, by the aid of the chisel and mallet, or by the application of the trephine, becomes necessary. The bony manifestations of typhoid fever are benign, even when they determine multiple lesions and abundant suppurations in different parts of the body.

Finally, there exists a form of typhoid osteomyelitis having a special pathological anatomy, localization, symptomatology, course, and evolution not found in any disease of the bones, or in any syphilitic or tuberculous osteopathy.

Dr. Achard confirmed the remarks of Dr. Widal concerning the relative infrequency of typhoid osteomyelitis in children.

Dr. Moizard communicated two cases which demonstrate that *rythmic traction of the tongue*, suggested by Dr. Laborde, constitutes a precious resource against the accidents of *asphyxia following tracheotomy*, and that one may succeed by the use of this method, even when artificial respiration has proved unsuccessful.

Dr. Séglas reports a case of *systematized motor paralysis of the limbs of the right side, with dysphasia and dysgraphia of a functional nature.* A young man, aged 21, on awaking, was suddenly, without appreciable cause, stricken with loss of speech and paralytic symptoms on the right side, without loss of consciousness. There was no deafness nor verbal blindness. All these symptoms ceased at the end of three weeks, but two years later the patient had another attack which presented itself in the same manner as the first, again without loss of consciousness. Motor aphasia with absence of deafness and of verbal blindness, disturbances of articulation and writing still persist. The intellectual faculties remain intact and the different apparatuses are unaffected. The hypothesis of an organic cerebral lesion must be rejected; these troubles should rather be regarded as analogous to those sometimes met with in hysterical subjects; they are dynamic and functional.

Berliner medicinische Gesellschaft.

Meeting of December 13, 1893.

Dr. Schimmelbusch stated that on November 23 a child born one hour and a half before, and suffering from dyspnœa and cyanosis, was taken to the Universitätsklinik. The cause of the dyspnœa was found to be a *large tumor in the anterior portion of the neck*, extending from the chin to behind the sternum, involving the larynx and the trachea and hard to touch. Upon drawing the tumor away from the trachea the dyspnœa was lessened. Immediate extirpation was therefore decided upon, a preliminary tracheotomy in so young a child not being considered free from danger. It is customary at the clinic, in cases in which the respiratory tract is compromised by tumors, to avoid tracheotomy and practice extirpation of the tumor, in order to induce a radical cure. The operation was performed rapidly and without difficulty, resolution of the wound being also speedy. The child was presented before the society with only a linear scar, extending from the chin to the sternum, noticeable. The tumor, the size of a hen's egg, was composed of firm connective tissue, infiltrated by small cysts, varying in size from a pin's head to a pea, lined with cylindrical epithelium, and here and there small cartilaginous nodules. The tumor may be regarded as congenital struma, a rather rare affection, but already mentioned, however, by Fallopia and Ambrose Paré, and, curiously enough, also observed in animals. It occurs relatively frequently in those regions in which struma is endemic and hereditary.

Dr. Virchow stated that the question would arise as to whether this tumor, according to the anatomical description given, may be called a

struma, with which the specific nature of a tumor originating in the tissue of the thyroid gland is always associated, while here there is an entirely distinct tissue. The growth might rather be analogous to mediastinal tumors.

Dr. Hansemann presented a specimen from a man aged 70, who died of bronchitis, showing peculiar *trophic disturbances of the leg.* The patient had suffered from affections of the right knee and arm in childhood. Upon the latter an indrawn scar was knitted to the bone. Upon the thigh, just above the knee, was a long scar similar to one following an operation. The lower portion of the leg had grown fast in bayonet form at the knee-joint, with but slight power of movement in the latter. The ischiatic nerve ended in the scar in a neuroma the size of a hazel-nut; lower down, below the scar, consisting of firm connective tissue, the nerve was entirely atrophic. The calf of the leg consisted almost entirely of bone, skin, and subcutaneous connective tissue. The foot was thickened and shortened, there being only one other toe besides the great and little toes. The skin was smooth and thin, with no visible scar. The whole appearance recalled lepra mutilans, yet this process must be excluded, since it does not re appear in any other portion of the body, as is always the case in leprosy. Ulcerative processes and operative results must also be excluded, since no scars are present; neither can a congenital malformation be admitted, since, according to the positive assurances of the patient, the disease developed gradually. Consequently, we can only suppose the presence of a neuropathic affection.

Dr. Pick reported a case of *peritoneal and uterine tumors.* A woman, aged 46 years, twice married, aborted once, no other pregnancies, became affected a year ago with uterine hæmorrhages and severe pain. Dr. Landau diagnosed myoma of the uterus, but an operation was refused. The patient steadily grew worse, marked dyspnœic difficulty set in, and the operation was then asked for. The very much weakened patient was exceedingly cyanotic; there was bilateral diminished resonance, with œdema of both extremities; ascites, in which were nodular masses; the uterus was much swollen, but not adherent to the tumors. Two tumors of the peritoneum were extirpated, and, after the removal of the uterus, other tumors were excised from Douglas's pouch. The progress of the case was uncomplicated. Microscopical examination of the tumors revealed two varieties: (1) nodular peritoneal tumors consisting of hollow cylinders lined with cylindrical epithelium and large cells (carcinoma); (2) fibroid of the uterus of non-cancerous structure. The carcinoma appeared to be primary, as no similar tumors were to be found in any other portion of the body.

Dr. Virchow said that he had examined the tumors and could affirm that nothing of a cancerous nature could be found in the uterus, but merely myoma; the peritoneal tumors do not originate therefrom, yet it is doubtful whether they can be primary; probably some as yet undiscovered tumor exists elsewhere in the body, from which they have sprung; perhaps, taking into consideration the long tubes or cylinders, it may exist in the digestive apparatus.

Dr. Arendt discussed *the operative treatment of chronic inflammation of the uterine appendages.* Owing to the aseptic and antiseptic treatment

of wounds, the results of laparotomies have so far improved that operations which were formerly regarded as extremely hazardous, such as salpingo-oöphorectomy, can now be performed with a certain amount of confidence. The speaker had performed twenty-seven such operations without any deaths. Two of the patients operated upon died later, one from tuberculosis and the other from some intercurrent disease. The patients were between the ages of 23 and 43 years, and were all, except one, married. Latent gonorrhœa must be considered as an important etiological factor, although it is not present in all cases. Among five women treated for acute gonorrhœa, tumors of the appendages could be demonstrated in two after a relatively short period. The symptoms show nothing specific, some proving to be reflex neuroses which disappear after the operation. The diagnosis is principally confirmed by palpation, which must, however, be performed *per rectum* as well as *per vaginam*. The rather-hard tumors are usually located on both sides, but are always much more developed on one side. Their seat is not only in Douglas's pouch, but outside as well. The contents can only be determined by exploratory puncture, although previous attacks of peritonitis would indicate pus. A tumor of the annexes may be mistaken for a parametritic or a perimetritic exudation, for retro-uterine hæmatocele, tubal pregnancy, subserous myoma, and small ovarian cystoma. The lecturer gives the distinguishing characteristics of the separate affections. Recent suppurations of the tube-sacs should not be operated upon, as they frequently yield to appropriate medical treatment. Older tumors, on the contrary, call for operations particularly when there is severe pain and failure of strength; for large tumors laparotomy is also indicated, owing to the danger from the bursting of the tumor. The abdominal incision should be made as small as possible, and hæmorrhage can almost always be checked by tamponing. The speaker avoids drainage whenever at all possible, and sutures the abdominal wall according to Schröder, applying a simple bandage. Ice is to be used only when there is very severe pain; no morphia or opium, which disturbs digestion. On the second day after the operation a glass of mineral water is given containing sulphate of magnesia, soda, or potash, every three hours, until flatulence occurs. The objections to the operation are: 1. Permanent sterility; this, however, already existed owing to the disease. 2. The induction of an artificial menopause exercising a depressing influence upon the temperament; this objection only holds good when union is sterile. 3. Diminution of sexual sensibility; upon this point it is difficult to elicit satisfactory answers from the patients. 4. Exudations from the tumor-stumps; in such cases massage exercises a favorable influence.

GREAT BRITAIN.

Pathological Society of London.

Meeting of December 19, 1893.

Dr. Soltau Fenwick presented a specimen of *diphtheria of the stomach* from a child of 3 years who had suffered from croup. Dyspnœa coming on, tracheotomy was performed, but death followed next day. At the post-

mortem examination primary laryngeal diphtheria was found, extending down into the finer ramifications of the bronchial tubes, the tonsils, pharynx, and œsophagus being free from the disease. The stomach was entirely lined with membrane, extending into the pylorus a distance of one-third inch. The lymphoid tissue of the mucous membrane itself was considerably increased. The interesting features of the case were the involvement of the entire surface of the stomach, the absence of membrane in the pharynx and œsophagus, the complete anorexia and vomiting, and the absence of free hydrochloric acid from the contents of the stomach. Diphtheria of the stomach is rare, and occurs almost always in connection with pharyngeal diphtheria in children. Mr. S. G. Shattock had seen a similar case, in which the œsophagus had been free.

Mr. Bowlby showed for Mr. Paul, of Liverpool, a *tooth-bearing dermoid of the face.* The patient, a boy of 5 years, was born with an irregular patch of skin on the left cheek, in which a tooth appeared some six months prior to observation and removal. The tumor had no connection with the bone, and no teeth were missing from the jaws. The tooth was a left upper lateral incisor, and beneath it there was a second, smaller and corresponding to that of the permanent set.

Dr. Felix Semon and Mr. S. G. Shattock reported the *sequel of a case of anomalous tumor of the larynx*, which they had brought to the notice of the society in May, 1891. The growth sprang from the left arytænoepiglottidean fold, and appeared like an angioma. After removal by the galvano-caustic loop it was seen to be a delicate papilloma incased in a shell of partly fresh, partly organized blood-clot. The authors had, at the time, called attention to the unusual situation of the tumor, to its structure, which was more like that of papillomata of the bladder than of the upper air-passages, and to the unique fact of spontaneous hæmorrhages occurring in connection with, and the formation of, a blood-shell around the papillary growth. Four months after operation there was a recurrence of the growth, and in a month and a half it was larger than it had been originally. It was again removed in the same manner, and, evidences of malignancy being present, subhyoid pharyngotomy was performed and the tumor radically removed. The patient, a man of 44 years, died four days after operation. At the post-mortem examination œdema and intense congestion of the brain were found, but no cause for this condition could be determined. Histologically the growth was papillary, delicate, and thickly incased with blood-clot, extensions of which passed between the different processes composing the tumor. The investing epithelium of the mucous membrane was quite distinct from that of the growth, consisting of stratified squamous cells, while the other was made up of cubical or cylindrical cells, not more than one layer in thickness, in some places. The growth projected beyond the general surface and infiltrated the deep parts, resembling in this a columnar-celled or duct carcinoma of the breast, with which the authors compared it, regarding it likely that the growth arose from the mucous glands. Assuming this to be the origin, in the process of growth a portion projected from the surface, allowing of removal, while it extended deeper

infiltrating the structures below the level of the mucous membrane, and beyond the reach of operation. The hæmorrhage was explained by the delicacy and vascularity of the tumor. This is the first case described in which a primarily malignant disease of the larynx simulated in its early stages an angioma. Mr. Lennox Browne, who had previously stated that this tumor might have been an instance of the transformation of benign into malignant growths by endolaryngeal operations with the galvano-cautery, withdrew this statement after the record of the histological examination.

Dr. Rolleston reported *three cases of mediastinal abscess in connection with the œsophagus.* The first patient was a woman of 30 years, who suffered from sore throat and who presented a swelling on the right side of the neck above the clavicle. There was some dysphagia, and pus mixed with blood was coughed up. Death occurred from hæmorrhage. The cause of suppuration was obscure, there being no disease of the bones. In the second case suppuration followed a stricture due to a corrosive poison, and took place around the middle of the œsophagus. The third case was in a man of 50, who, following a violent effort, was seized with pain and vomiting. Pleural effusion developed in left side, and death occurred in two days. The cause of the perforation of the œsophagus was not known, though apparently it bore some relation to the violent effort.

Edinburgh Medico-Chirurgical Society.

Meeting of December 6, 1893.

Dr. Graham Brown called attention to certain *changes in the circulation caused by pyrexia.* In order to determine the viscosity of the blood at different temperatures, he has devised an ingenious apparatus by which the rate of blood-flow can be directly calculated. By means of a formula he is able to determine the rate of flow of distilled water at any temperature, given the rate of flow at another. This formula holds good for water, solutions of serum-albumen, serum-globulin, phinogen, and blood-plasma. If, however, defibrinated blood were used, the results were not in accord, since heat decreased its viscosity much more than when the same fluid did not contain the corpuscular elements. The calculations of the author seem to indicate that in fever the heart would have about one-tenth less work to do in driving the blood through the vessels, solely taking into account its decreased viscosity.

Mr. A. G. Miller showed two patients with *strumous disease of the extremities*, whom he had treated by Bier's *new method of passive congestion.* One patient had suffered from lupus vulgaris of both feet. One leg treated by passive congestion healed sooner than the other, which had been treated without. A tourniquet should be applied with sufficient force to stop, in great part, the venous return, lengthy applications being of more service than short alternations of pressure and relaxations. The method is based upon the theory that congestion exercises an influence upon the growth of tubercle bacilli, as evidenced by the fact that a congested lung rarely becomes tuberculous.

Dr. Caird showed a case in which he had performed *Wietzel's gastrostomy.* The operation was begun in the usual manner, and an opening large enough to admit an ordinary lead-pencil was made into the stomach. An India-rubber tube of the same size was introduced and stitched to the walls of the stomach with catgut, the tube being then enveloped in the walls for a short distance and stitched around it so as to form a sort of œsophagus. The tube was then brought through the wound, which was stitched around it in the usual way. The tube thus entered the stomach in a tortuous manner, thus preventing loss of food by regurgitation or vomiting.

UNITED STATES.

College of Physicians of Philadelphia.

Meeting of November 17, 1893.

Dr. J. B. Deaver presented a patient upon whom he had performed *subcutaneous osteotomy of the neck of the metatarsal bone for hallux valgus.* He detailed the history of the case, which resulted from frost-bite, but in which, as in many of these cases, there may have been a rheumatic tendency. The author expressed his belief in the superiority of the operation over amputation in such cases, and stated that it was attended by no risk, and that a good result might be promised the patient.

Dr. H. Augustus Wilson exhibited a cast of a similar case, in which there was extreme hallux valgus of the right foot, the metatarsal bone being pushed from the normal position under the second biceps. A bursa on the right foot was opened, under the impression that it was a corn or bunion, when it was found to be a segment of the joint. The pain was intense.

Dr. T. G. Morton presented an unusual case of *general bodily deformity* with ankylosis of the spine, upper and lower extremities, etc. The patient was 32 years old, and was well until the age of 10 years, when rheumatism appeared in the right hip-joint, spreading gradually to the knee-joint of the same limb, the ankle, the joints of the left lower extremity, spinal column, both shoulders, elbows, wrists, fingers, and toes. This process required three years, during which time his suffering was intense. The lateral curvature, elevation of shoulders, curve of femora, and other deformities were due to his position in a chair, which he occupied most of the time, being unable to move about. His present state is as follows: Head normal in shape and size; wears a $7\frac{1}{8}$ hat; trunk undersized and misshaped; antero-posterior and lateral curvature of the spine, which is perfectly rigid; legs flexed on thighs, almost in contact; thighs on pelvis and in contact with the abdomen; and pelvis upon the thorax, the anterior superior spinous processes of the ilia being almost in contact with the lower ribs; all the joints of the lower extremities are firmly ankylosed, with the exception of the phalanges. The right arm can be bent at an angle of forty-five degrees with the shoulder. The left elbow is fairly ankylosed; no pronation or supination. The left arm can be brought to a right angle with the trunk at the shoulder; left elbow firmly ankylosed at a right angle; pronation and supination

normal; wrist and phalangeal joints normal. Weight, 52½ pounds; height from top of head to lowest part of body as he sits in chair, 22 inches; right calf, 5⅝ inches; right arm, 5¾ inches; left arm, 4¾ inches; right forearm, 6 inches; left forearm, 4¾ inches; appetite fair; digestion good, tendency to constipation; heart, liver, and lungs normal; urine highly acid; specific gravity, 1030 excess of urates; no abnormal constituents.

Dr. Morton felt that in this case there was little to be hoped for by operation, and that the best that could be done was to furnish the patient with a suitable brace to support the arms as an attachment to a proper spinal brace. Dr. H. A. Wilson thought a wheel-chair would be best for him. Dr. G. G. Davis advocated an operation to enable the man to stand upright, seeing that he was in a moderately healthy condition, and would likely stand the operation well. Drs. Wharton, DeForest Willard, and J. B. Deaver agreed with Dr. Morton that operation was not advisable.

Medical and Chirurgical State Faculty of Maryland.

Semi-Annual Meeting, Annapolis, November 22 and 23, 1893.

Dr. Walter B. Platt read a paper on a case of *laminectomy*, the operation having been performed eleven months after *injury to the spine*. The patient had slipped on the stairs, and two weeks later fell from a car. In another week he was confined to bed suffering from great pain in the back. There was a curvature of the spine at the painful point, and below it complete paraplegia and loss of sensation. Bed-sores also appeared. Two parallel incisions were made to the inner side of the transverse processes and joined by a transverse incision, forming the shape of an H. Hæmorrhage was controlled by means of pressure, and the laminæ of the fifth, sixth, and seventh vertebræ removed. The flap was turned down, the dura examined and found healthy, and the flap replaced without tying any arteries. The operation required one hour and twenty minutes. Venous hæmorrhage was considerable. Two weeks later, at the time of report, the patient was able to lie on either side without fatigue, had no more night-sweats, but there was no improvement in sensation. The author favors the operation in perfectly hopeless cases. The prognosis depends upon the site of the injury; the nearer the head, the less the chances of success. If the body of the vertebra is fractured, there is little hope of success.

Dr. T. A. Ashby read a paper on *sterility due to tubal and ovarian disease*, which was discussed at some length. Dr. J. E. Michael regarded the paper as valuable, emphasizing as it did the growing tendency to save rather than to destroy the generative organs in woman. He believed that ovulation was due to a current set up in the ciliated epithelium of the tube, and that disease of the tube prevented this action. Ovulation and menstruation were not synchronous, since conception often takes place before menstruation is established.

Dr. Chas. P. Noble, of Philadelphia, believed ovulation to depend much more on the tubes and ovaries than on the vagina and uterus. An ovary that is partly diseased may be saved, but there is little hope that diseased tubes will ever amount to anything.

DR. H. A. KELLY said that it was important for the general practitioner to know how to deal with a case of sterility. No woman should be pronounced sterile until her husband has been examined. Impermeability of the os uteri is sometimes the cause, and here simple dilatation will effect a cure.

DR. KELLY reported *thirty-nine cases of removal of the uterus*, some by the vagina and some by the abdomen. There was one death, not due to the operation, but to septic catgut. He had used the clamp method in the first cases, drawing out the tumor, adjusting the clamp, and leaving it there until the wound had healed. By the combined extra- and intra-peritoneal methods, the abdomen was opened, tumor lifted out, vessels tied, stump cauterized to prevent sepsis, and fastened to the lower angle of wound. The method he at present uses is to make an incision and put on ligatures to prevent hæmorrhage while operating. Only four large arterial trunks feed the tumor, and two of these are reached at once. The broad ligament is drawn aside with the fingers. Great care is taken not to allow the contents of the uterus and cervix to touch the stump, which is always disinfected with the cautery or cut off and left cup-shaped. A few silk ligatures are put in the stump, the abdomen cleaned out (though it should never be allowed to be anything but clean), oozing of small veins stopped, ligatures cut off and stump replaced in abdomen, the pedicle being turned upside down so that the bladder is exposed to view.

Selections from Reports of Members of the Annual's Editorial Staff.

France.

PROF. LÉPINE,

RÉDACTEUR DU DÉPARTEMENT SUR LE DIABÈTE.

Tous livres, thèses, monographies, etc., sur les sujets ci-dessus, publiés en langue française, doivent être adressés à M. le

PROF. R. LÉPINE,
30, place Bellecour,
Lyon, France.

Renal Calculus.—TUFFIER recalls the fact that, in 1888, he established, by the aid of a series of experiments, the following conclusions: 1. That *aseptic* foreign bodies are not at all modified by their sojourn in the normal urinary passages. 2. That the organ which contains them (kidney or bladder) undergoes no alteration which can be attributed to the presence of foreign bodies. These results appear to give evidence in favor of the *parasitic* origin of calculi; but the examination of calculi in animals made to ingest oxamide, following the example of Nicolaier and Ebstein, has shown the author that the theory was not well founded; for neither direct examination nor cultures of fragments taken both from the surface and the interior of the calculi showed the existence of micro-organisms. The calculi found in the normal urinary passages were observed to have their seat seven times out of eight in the bladder, times in the pelvis of the kidney, three times in the ureter, and once in

the urethra. The frequent uselessness of artificial production of calculi in experimentation is to be noted.

Tuffier has studied the effect of intra-urinary foreign bodies in animals poisoned with oxamide, and is certain that the concretions are more abundant in an infected portion of the urinary apparatus.—*Archives de physiologie normale et pathologique*, p. 361, 1893.

Uræmia Simulating Epilepsy.—RENDU cites a case of convulsive uræmia simulating exactly an epileptic attack, except that the pupils were dilated, instead of contracted, and that the temperature was normal.—*Journal de médecine et de chirurgie pratiques*, October 10, 1893.

Lumbar Nephrotomy for Hydatid Cyst of Kidney.—POLLOSSON performed lumbar nephrotomy for a hydatid cyst of the kidney in a woman manifesting symptoms of perinephritic abscess, ready to open in the triangle of Petit. The incision gave issue to a phlegmonous pus, and, after its evacuation, the kidney was seen to be the size of two fists. Later, hydatid hooklets were discharged through the fistulous wound, and the urine was purulent. A vertical incision of eight centimetres was made through the fistula, and a horizontal incision of a finger's length above the iliac crest. A large number of hydatid vesicles escaped, and there was found to be a spacious cavity lined with a fibrous membrane about three millimetres in thickness. This cavity was packed with iodoform gauze. Recovery took place. The author thinks that nephrectomy is indicated before attempting peritoneal operation for tumors, in floating kidney, and when there is great alteration of the kidney.—*Lyon médical*, September 10, 1893.

Germany.

PROF. LÉPINE,

REDACTEUR DER ABTHEILUNG FÜR DIABETES.

Alle Bücher, Thesen, Separatabdrücke, etc., über den obenerwähnten Gegenstand in deutscher Sprache erscheinend, sollen Herrn

PROF. R. LÉPINE,
30, place Bellecour,
Lyon, France.

Nephritis Caused by Sulphuric Acid.—FRAENKEL and REICHE report three cases of nephritis consecutive to ingestion of sulphuric acid. In the first case death occurred after five days. The authors found coagulation necrosis in the convoluted tubules of the kidney (as already observed in one case by Armen Huber), and pigment in the same canals and in the loops of Henle. The two other patients succumbed, only at the end of several months, to gastric lesions. Cicatrices of the kidneys with loss of substance were found.—*Virchow's Archiv*, 131, p. 93.

Acute Toxic Nephritis.—LEWIN reports the case of a man who, after a subcutaneous injection of 1 decigramme (1.5432 grains) of salicylate of mercury, had stomatitis with ulceration, together with acute nephritis (anuria and albuminuria). The temperature rose to 40° C. (104° F.). Death was imminent, and, in Lewin's opinion, the condition of the patient was due to the mercurial injection. It is worthy of note that, in this case, there were no intestinal complications (except slight

constipation). The author also calls attention to the intense albuminuria observed in this case, which is not the rule in mercurial intoxication, as well as to the fact that the urine was not overcharged with lime. In commenting on this case, Fürbringer states that, according to his own statistics, one-twelfth of the cases of mercurial poisoning showed slight and transitory albuminuria.—*Deutsche medicinische Wochenschrift*, September 21, 1893.

Germany.

DR. JULES MOREL,
REDACTEUR-CORRESPONDENT FUR PERIPHERISCHE NERVEN-KRANKHEITEN UND PSYCHIATRIE.

Alle Bücher, Thesen, Separatabdrücke, etc., über den obenerwähnten Gegenständ in deutscher Sprache erscheinend, solten Herrn

DR. J. MOREL,
Hospice Guislain,
Ghent, Belgien.

zugesandt werden.

Erythromelalgia.—GERHARDT reports the case of a needle-woman, 44 years old, who suffered many years from neurasthenic symptoms. The first signs of the erythromelalgic affection (pain in the fingers and toes) showed themselves suddenly at night, and were accompanied by vomiting and headache. From this time the pain was constant. The hands were red and swollen, and perspired freely; there was pronounced thickening of all the end and middle phalanges of both hands and feet, with the exception of the left thumb. The swollen parts were hyperalgesic, the fingers always in a position of semiflexion. and attempts at movement were very painful, Acuteness of the sense of touch in the affected parts was much blunted. The muscles of the upper extremities were flabby, and there was desquamation of the skin in certain parts. It is interesting to note that the patient was a needle-woman, as it is said that such occupations play an important part in the etiology of the disease. Iodides, arsenic, electricity, etc., were used without effect. Slight improvement followed the use of antipyrin. The author believes that erythromelalgia arises from a perineuritis, or even a neuritis, and that three varieties may exist: the angio-spastic form of Nothnagel, another form which manifests itself along the sensory nerves without external symptoms, and an angio-paralytic form, considered as the most usual.—*Berliner klinische Wochenschrift*, November 7, 1893.

SENATOR reports another case, in a postman aged 45, with no neuropathic tendencies, no syphilis. The affection first showed itself in the left shoulder and extended to the fingers. The patient could not touch even the smallest object. Later on, there was also pain in the right shoulder and the arm of the same side; redness, first of the fingers, particularly the joints of the phalanges of the metacarpus, and later on of the feet. The suffering was so intense that the patient was obliged to absent himself from his post for eight weeks; he could not even bear the touch of his boots. On the right hand there were small nodules which afterward disappeared; on the left hand similar nodules of a warty character also appeared. Other organs were normal; no increase of temperature. The acute pains disappeared after some months. The abnormal excitability of the cutaneous vessels, even in parts of the body regarded as healthy, is noteworthy. This is a case of angio-neurosis, a paralysis of the constrictors of the vessels, the

opposite of Raynaud's disease, *i.e.*, cramp of the dilators of the vessels. As yet no treatment can be called curative. Antipyrin is considered palliative.—*Berliner klinische Wochenschrift*, November 28, 1893.

Norway.

DR. F. LEVISON,
REFERENT FOR DEN DANSK LITTERATUR VEDRÖRENDE: ALMINDELIG MEDICINSK PATHOLOGI OG THERAPI, DERI INDBEFATTET, NERVE- OG SINDSSYGDOMME, PÄDIATRIK, OBSTETRIK, GYNÄKOLOGI, HYGIEINE, DEMOGRAPHI, RETSMEDICIN, PATHOLOGISK, ANATOMI, BAKTERIOLOGI.

Alle medicinske Böger, Disputatser, Monographier, Tidsskrifter, etc., der adkomme i Danmark bedes sendt til

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Extra-genital Syphilitic Infection.—KREFTING has collected the records of the cases of extra-genital syphilitic infection observed in the University Hospital of Christiania during the period from 1867 to 1891. During these twenty-five years 12,916 cases of genital and 539 cases of extra-genital infection were treated, the latter being 15.6 per cent. Of these, 247 were in children. The proportion of genital infection in men was 4.3 per cent. and in women 12.8 per cent. Since the year 1888, when tolerated prostitution in Christiania was abolished, the total amount of syphilitic infection has increased, but extra-genital infections have diminished. Of 35 men with extra-genital infection 1 had primary sore on the gums, 3 on the tongue, and 11 in the throat; of a number of women, where the position of the primary sore is mentioned, it was found 3 times on the tongue, 47 times in the throat, and 58 times on the breasts. In about half of the cases the place of the primary sore was not mentioned. In three-fourths of the cases the extra-genital infection was caused by the use of contaminated glasses, pipes, etc., by kissing, or by syphilitic wet-nurses suckling healthy infants.—*Norsk Magazin for Lægevidenskaben*, November, 1893.

Dislocation of the Liver.—BUCKHOLZ has observed a case of dislocated liver in a woman 50 years of age, who had suffered for several months from dyspnœa, and had lost flesh and force. She constantly felt a pulling or weighing down in the right side of the chest, but had no pain in the abdomen, which was very flaccid. On examination the dislocated liver appeared like a tumor in the right side of the abdomen, below the navel, but was not otherwise changed; the ordinary liver-dullness had completely disappeared. He replaced the organ by gentle pressure, and ordered the application of an elastic bandage. Some weeks later the liver was found to have remained in place.—*Norsk Magazin for Lægevidenskaben*, October, 1893.

Cancer of the Stomach.—GADE found, on examination of a small piece of a tumor evacuated by means of a stomach-tube, that it consisted of a glandular carcinoma with hypertrophy of the connective tissue of the mucous membrane of the stomach. He recommends the examination of the contents of the stomach evacuated in this way, in doubtful cases of ventricular affection, in order to ascertain the nature of the disease by the aid of the microscope.—*Norsk Magazin for Lægevidenskaben*, September, 1893.

Ectopic Pregnancy.—BRANDT has given a very complete description of ectopic pregnancy, its etiology, pathology, and treatment. He states that such pregnancy will occur when the ovum and the spermatozoön meet in the tube within the fimbria and the plica infundibulo-ovaricæ. The different species of ectopic pregnancy depend on the subsequent evolution of the ovum: 1. When the chorion bursts, pregnancy may continue either in the peritoneal cavity or in the ligaments. 2. The ovum may develop in the tube without bursting of the chorion. 3. Tubal pregnancy may result in tubal miscarriage either by expulsion of the ovum through the abdominal ostium or by transformation into a fleshy mole, with hæmorrhage into the chorion. The pathology and symptoms of each group are fully described and illustrated by nineteen new cases observed by the author or by other Norwegian physicians.—*Norsk Magazin for Lægevidenskaben*, July, 1893.

SEMB reports a case of ectopic pregnancy in which external hæmorrhage occurred in the sixth week, with symptoms of internal hæmorrhage and peritonitis. The diagnosis was made and the patient put to bed; but as the tumor in Douglas's pouch constantly increased, laparotomy was performed and the fœtal sac extracted. The ovum had developed in a diverticulum of the tube, the walls of which were very thin and perforated in several places.—*Norsk Magazin for Lægevidenskaben*, August, 1893.

Arterial Stenosis.—FRENG mentions a case of stenosis of the coronary artery with dilatation of the heart, and atheromatous degeneration of the mitral valve and of the aorta. During the last months of the patient's life he suffered from repeated and protracted syncope, the pulse varying from 28 to 6 per minute.—*Norsk Magazin for Lægevidenskaben*, July, 1893.

Differential Diagnosis of Diphtheria.—HOLST has cultivated the bacilli growing in the mucus of the throat of eleven patients suffering from angina, and in all cases was enabled to make a correct diagnosis between cases of diphtheria and ordinary sore throat.—*Norsk Magazin for Lægevidenskaben*, April, 1893.

United States.

PROF. E. E. MONTGOMERY,

EDITOR OF THE DEPARTMENT OF DISEASES OF UTERUS, ETC.; MENSTRUATION. DISEASES OF OVARIES AND TUBES.

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Treatment of Uterine Displacements.—WILLIAMS, of Knoxville, advocates treatment of retroverted uterus by massage and what he calls the uterine respiratory movement. The latter consists in the following procedure: Patient places herself in the knee-chest position and takes deep, regular inspirations, twelve to fifteen per minute, and afterward assumes a lateral position, knees considerably drawn up, sleep being invited. This exercise is repeated in the morning before rising.—*Annals of Gynæcology and Pædiatry*, September, 1893.

H. A. KELLY, of Baltimore, says that no retroflexion should be treated by a direct operation when associated with a relaxed vaginal outlet, unless the latter be re-

paired at the same time or as soon after as possible. In some cases it will be proper to lift up the vaginal outlet, entirely neglecting the retroflexion; in other cases the retroflexion and relaxed outlet will be treated at the same sitting. His method is as follows: Incision two inches long, made in the median line of the abdomen, nearer the symphysis than in ordinary cœliotomy. After incising the peritoneum it is caught at the middle of the incision on either side by a pair of artery-forceps, and held outside of the wound and the forceps dropped in the abdomen. This insures enough peritoneum remaining after the suspension of the uterus to allow the perfect closure of the abdominal wound. Otherwise the sutures used to suspend the uterus tend to rob this part of the wall of its peritoneum. The finger is then passed down behind the symphysis over the top of the bladder on the anterior face of the retroflexed uterus, which is hooked and drawn forward into anteflexion. Two sutures of medium-sized silk are used for the suspension. The abdominal wall on the left side of the incision is hooked up by two fingers until its peritoneal surface is exposed within half an inch; then with a small, stout, curved needle a suture is passed so as to grasp about one-fourth inch of the peritoneum and some of the fibres of the rectus muscle. The fundus uteri lying behind the symphysis is exposed by crowding the intestines back with fingers, retractors, or sponges on stalks; the needle is then boldly passed through a portion of the posterior surface of the uterus below the fundus; about the same amount of uterus is included as that taken up on the abdominal wall; the sutures are then drawn through and finally the peritoneum and part of the rectus caught as on the opposite side of the incision. The suture drawn taut and tense brings the uterus snugly up in slight anteflexion to the abdominal wall, and at the same time approximates the three peritoneal surfaces, the uterus and abdominal wall on both sides, transfixed by the suture. A second suture transfixes the uterine tissue a little below the first and lifts the uterus a little farther into anteflexion.—*Journal of the American Medical Association*, September 2, 1893.

Clinical Notes.

Injuries of the Head.—Cheever, in the course of a series of lectures on surgery, states that no injury of the head can be considered trivial, since the most simple injury may lead to fatal consequences. Between simple concussion and real compression there are three or four stages, sometimes very disastrous. It should be remembered that even a slight concussion is not safe until a fortnight has elapsed; that it is more dangerous in the child than in the adult; that the child who has received a concussion is certainly not to be considered safe until two weeks have elapsed, although the first few days of headache may have passed off; that this is especially true, and to be regarded with great care and suspicion, if the child happen to inherit a tuberculous constitution, because tubercular meningitis is very easily provoked in such a child; that all head injuries

which are at all severe are well treated by the old antiphlogistic method, aided by antisepsis; that antiseptics have given greatly increased advantages in treating scalp wounds, fractures of the skull, inflammations of the brain, extravasations into the brain, and tumors in the brain, from whatever cause; that there are certain very simple rules to be followed with regard to trephining,—a few cases which are plain and apparent, such as direct, compressing fractures which are compound; fractures which are not compound, but still are compressing, and punctured fractures; that there is another class of cases where we trephine for clot, or abscess, where the diagnosis is a little more difficult, but still where there is a fair percentage of success; and, finally, there is a very large class of chronic cases, where we balance the probabilities, where we are encouraged, occasionally, to interfere by trephining, and encouraged especially by the fact that trephining is not the fatal operation that it used to be.—*Boston Medical and Surgical Journal*, September 27, 1893.

Extra-genital Chancres.—Dr. G. Bogdan, of Jassy, Roumania, has studied this subject in the different venereal hospitals of Paris. In one hospital service there are seen yearly from twenty to twenty-five extra-genital venereal ulcers, nearly all of them specific, the principal seat being the lower lip. Three important cases of syphilitic chancres of the thumb, and two of the tonsils are reported. The chancre of the thumb was acquired by a policeman from a thief whom he captured while in the act of committing a robbery; the thief, wishing to free himself, bit the policeman's right thumb. The chancre of the tonsil had been regarded by one of the most celebrated hospital physicians of Paris as a chronic tonsillitis; he excised the tonsil, grafting a new chancre on the latter. Another chancre was at first mistaken for diphtheria.

In one case, during the evolution of a blennorrhagia, the two testicles became sphacelous (the abscess involving a spot about the size of a twenty-five-cent piece) without any appreciable cause, and without any sugar being found in the urine. In another case, a gummata of the testicle presented itself in a young boy of 16 years, who had never had any syphilitic accidents during childhood, and who had never had sexual intercourse, but whose parents were syphilitic.

Traumatic Meningocele.—Our associate editor, Dr. Samuel Lloyd, states that Dr. C. E. Denison, of New York, has communicated to him an interesting case of traumatic meningocele. A child 11 months of age fell downstairs; became unconscious, with cold extremities; dilated pupils, not readily responding to light; vomiting; feeble heart. There was a large swelling of the scalp over the right parietal bone, about one inch from the median line. No fracture was found; there was no laceration of the scalp and no other injury about the body. Ten days later it was noticed that the scalp was projecting over the posterior fontanelle. The left arm and leg were paralyzed, but there was little diminution of sensation. There was no motion possible in the fingers or toes, but pin-pricks would cause her to cry out. The head had always to be supported, to prevent its fall-

ing over. The expression was dull and different to what it had been before the injury.

On the 6th of September, 1893, as the tumor was increasing, a puncture was made over its centre, under chloroform narcosis. Six ounces (186 grammes) of fluid were withdrawn, and the scalp became sunken over the fontanelle. No evil effects followed, and within a week there was marked improvement in the child's condition; there was some motion in the fingers and toes, and an effort was made to support her head and to notice somewhat. The tumor re-appeared on the second day, but was smaller; and on the 25th of September a second puncture was made and 3 ounces (93 grammes) of fluid withdrawn. The improvement progressed, both in the relief of the paralysis and intellectually. On the fifth day after the second puncture the tumor again began to show itself, and on the 23d of October a third puncture was made, this time without chloroform, and with an ordinary hypodermatic syringe, instead of the aspirator that had been used before. Only 45 minims (2.93 grammes) were obtained at this puncture. Up to the time of the report, November 1st, there had been no further return of the fluid, and the child was able to stand, held her head normally, seemed bright, was playful, and, with the exception of some loss of power in the paralyzed side, which was steadily decreasing, seemed to have fully recovered.

Fees of Physicians.—A well-known Paris practitioner brought a suit before the Civil Court of the Seine, against a notary of Aisne, whose wife he had treated in 1892, for fees to the amount of fifteen hundred francs. The notary, who had already paid seven hundred francs, contended that he no longer owed anything.

The tribunal rendered a judgment of which the following are the principal points determining the conditions under which the fees of physicians may be demanded: As regards the fees demanded by physicians, not only the pecuniary situation of the patient is to be considered, but also the reputation which the physician may have acquired by his works and discoveries. That, in consideration of the position of the husband of the patient, and of the high medical standing of the physician in question, Dr. Dumontpallier, the sum of the fees demanded is not exaggerated. For this reason the court condemned the notary of Aisne to pay to Dr. Dumontpallier the sum of eight hundred francs, which, together with the seven hundred francs already paid, formed the amount of the fees legitimately due.

Recent Suggestions in Therapeutics.

Amenorrhœa.—If due to anæmia: R *Quinin. sulphat.*, ℥iij (4 grammes); *tinct. ferri chloridi*, ℥iss (46 grammes); *aquæ dest.*, ℥iv (124 grammes). M. Teaspoonful four times daily. If nervous symptoms and headache, *bromides;* if hysteria, *musk*, *asafœtida*, and *camphor-gum*. (William Henry, *St. Louis Medical and Surgical Journal*, December, 1893.)

Anæmia.—When due to defects in digestion: ℞ *Hæmogallol*, ʒij (8 grammes); *fel. bovis insp.*, gr. xl (2.60 grammes); *ext. pancreatini*, ʒij (8 grammes); *strychniæ sulph.*, gr. j (0.06 gramme); *caffeinæ mur.*, ʒj (4 grammes); *ext. colocynth.*, gr. x to xx (0.65 to 1.30 grammes); *ext. tarax.*, ʒj (4 grammes). M. et fiat pil. xl. Two t. i. d. after meals. If overstimulation from *strychnine* and *caffeine*, reduce dose to 1 capsule t. i. d. before meals. (W. H. Porter, *Post-Graduate*, December, 1893.)

Cancer.—Caustics: officinal solution of *chloride of zinc; Michel's paste; sulphuric acid* and *asbestos;* Bongard's paste—*chloride of zinc*, *arsenic*, *corrosive sublimate*, and other substances made into paste with *wheat-flour*. Surgery to be rarely resorted to. (Rodman, *American Practitioner and News*, December 2, 1893.)

Chancroids of Female Genitals.—Thoroughly *wash away secretions* from ulcer, and neutralize with antiseptic. Cleanse twice daily with *hot antiseptic douches of bichloride of mercury*, 1 to 3000, or 5-per-cent. *carbolic acid*. Apply *carbolic acid C. P.;* and when ulcers are small and not too close to bladder or meatus urinarius, use a *strong caustic* (*nitric acid*) until all diseased tissue is destroyed. Neutralize acid with solution of *potassium hydrate* or *bicarbonate of soda;* apply *iodoform*, *aristol*, *acetanilid*, *boric acid*, or other good antiseptic. (E. C. Davis, *Atlanta Medical and Surgical Journal*, December, 1893.)

Endometritis.—Curettage, with use of endo-uterine injections of an alcoholic solution of *euphorin* and *sterilized olive-oil* in equal parts. The liquid is injected, by means of a Braun syringe, immediately after curetting, and every four or five days afterward, until cure results. This treatment is successful where curettage alone is inadequate. (Pinna-Pintor, *Rassegna d'ostetricia e ginecologia*, No. 10, 1893.)

Influenza.—*Benzol*, in form of emulsion, in lemonade, 5 minims (0.32 gramme) every two and a half hours. General discomfort disappears about two hours after first dose. Temperature normal within twenty-four hours. (Wm. Robertson, *Lancet*, November 11, 1893.)

Salipyrin to be given on first appearance of symptoms. Marked sedative and hypnotic effect, especially relieving headache. Dose for young children 2½ to 4 grains (0.16 to 0.26 gramme); for older children, persons unusually susceptible to the action of drugs, or those of light body-weight, 7½ grains (0.48 gramme); in severe attacks, or those of several days' duration, and for strong individuals, 15 grains (1 gramme); when circumscribed pneumonic areas are present, 25 to 30 grains (1.6 to 2 grammes) t. d.; when there is violent fever, 45 to 75 grains (2.93 to 5 grammes), or *salipyrin* alternately with soluble *hydrochlorate of quinine*, 8 grains (0.52 gramme), the latter being administered in the morning, the former in the evening. *Salipyrin* alone is best given in the evening. No food to be taken from one and a half to two hours before and after administration of drug, which should be continued

Influenza (*continued*).

after recovery, in order to prevent recurrence. (Von Mosengeil, *Deutsche medizinal-Zeitung*, December 7, 1893.)

Insomnia.—In a case of delirium tremens, *bromide of potassium* and *chloral*, *sulphonal* and *morphia* failed to produce sleep. *Chlorobrom* was tried, in dose of 1½ ounces (46 grammes). The patient fell asleep in half an hour and slept two hours, when 1 tablespoonful more was given, causing a sleep of five hours. (R. B. Lothian, *Lancet*, December 9, 1893.)

Try nature's plan, instead of drugs: *lower the supply of oxygen* to the blood; produce a little asphyxia; limit the quantity of air to the lungs. The heart and circulation becoming quicker, the brain will lose its stimulant and sleep will follow. Cover your head with the bedclothes, and breathe and rebreathe only the respired air. When drowsiness is produced, it is easy to go on sleeping, though you push aside the coverings and get as much fresh air as needed. The cat and dog bury their noses in some soft hollow in their hair or fur, and soon drop asleep. (J. E. Huxley, *Medical Press and Circular*, December 13, 1893.)

Malignant Pustule.—Excision of entire pustule, with marginal tissues. Wound dressed with paste made of *ipecacuanha* and water and double cyanide gauze. Internally, 5 grains (0.32 gramme) of *ipecacuanha* with $\frac{1}{6}$ grain (0.01 gramme) *morphia* every four hours for five days, and every six hours on sixth day. Discontinued internally and externally on seventh day. Patient dismissed cured on twenty-ninth day. (W. H. Moore, *Lancet*, November 25, 1893.)

Mental Diseases.—*Duboisine* as a sedative is prompt in action and easy of administration. To be used preferably in the evening. Especially indicated in acute insanity and alcoholism and in violent mania. Dose, 1½ milligrammes ($\frac{1}{4}$ grain), maximum; $\frac{1}{2}$ milligramme ($\frac{1}{130}$ grain), minimum. (Mongeri, *Monograph*, Milan, 1893. Tip. Capriolo.)

Peritonitis.—Instead of opening the abdomen in tubercular peritonitis and exposing the peritoneum to the atmosphere, *air is introduced* into the cavity by means of an insufflating apparatus, which first sterilizes the air. In three cases the desired result of preventing recurrence of ascites was obtained. The method is regarded as safe and the results favorable. (Nolen, *Berliner klinische Wochenschrift*, No. 34, 1893.)

Pertussis.—*Bromoform*, 1 drop for each year of age of patient, four times daily, for first three days, increasing dose progressively if attacks do not diminish. Vomiting ceases, appetite returns, and disease lasts but three weeks, sometimes much less. (Pellicer, *Revista balear de ciencias medicas*, p. 590, 1893.)

Phulluah.—An oleaginous substance obtained from a wild East Indian plant. About the size of an areca-nut. Melts on exposure to heat; and if kept for some time in liquid form, becomes dirty-brown in color.

Largely used by the hill-tribes for the cure of frost-bite and chilblains. Topical use very beneficial in rheumatism, sprains, sciatica, producing an effect when other remedies were useless. (E. C. Beddell, *Indian Medical Record*, November 16, 1893.)

Post-partum Hæmorrhage.—To arrest hæmorrhage, pass right hand boldly up to placental site, readily discovered by sense of feeling; make a few sweeps with back of hand over bleeding sinuses, at the same time inducing counter-pressure with left hand. Hold parts with double grasp until right hand is expelled by powerful uterine contraction. (T. Shaw, *Medical Age*, December 11, 1893.)

Rectal Cancer.—Case in which, two inches above anal aperture, upon anterior wall of rectum, there was irregular oval mass of infiltrated tissue, one inch or more in diameter when first seen, but invading entire circumference of rectum within a few months. Incision made posteriorly, one inch from anal outlet, carried up on median line above sacrum. *Coccyx and two-fifths of sacrum removed*, allowing room to dissect rectum from its attachment, dividing posteriorly the meso-rectum and entering at once into peritoneal cavity. Sufficient length of bowel was thus brought down for easy manipulation. Rectum divided two inches above anus, constricting diseased portion split open upon posterior borders, and rectum divided above growth, *four inches being removed. Murphy's anastomosis button*, larger size, adjusted in divided extremities of bowel, and compressed. Muscular coat being hypertrophied in upper portion, parts re-inforced with continuous suture. Opening into peritoneum of pelvic floor closed with same, to prevent prolapse of small intestine, and possible subsequent infection of peritoneal cavity. Posterior wall of bowel re-attached to divided tissues, and large portion of wound closed by several lines of buried sutures, *Iodoform-gauze* drain. Patient discharged from hospital on twentieth day after operation, button having been removed on twelfth day. (H. O. Marcy, *Boston Medical and Surgical Journal*, December 7, 1893.)

Selected Contributions to Recent Literature.

On the Proteolytic Action of Bromelin, the Ferment of Pineapple-Juice. By R. H. Chittenden, Ph.D., Professor of Physiological Chemistry. (From the Sheffield Biological Laboratory of Yale University.)—*Journal of Physiology*, Cambridge, England, November, 1893.

Uretero-Ureteral Anastomosis. Uretero-Ureterostomy. By H. A. Kelly, M.D. Remarks by Dr. Bloodgood.—*Bulletin of the Johns Hopkins Hospital*, Baltimore, Md., October, 1893.

A Proposito di un Calcolo nel condotto di Warthon. Consideratione sulla calcolosi della ghiandola sottomascellare, per H. Dott, Chiucini Gelasio. —*Bolletino delle Malattie dell' orecchio, della gola, e del naso*, Florence, December, 1893.

Contribution à l'Étude Anatomo-Pathologique et Pathogénique de la Broncho-Pneumonie Variolique. Par B. Auché, Agrégé à la Faculté de Médecine de Bordeaux, Médecin des hôpitaux, Chef des travaux d'anatomie pathologique.—*Archives Clinique de Bordeaux*, France, December, 1893.

Lait Stérilisé et Allaitement-Deuxième Partie: Allaitement. Par Dr. P. Budin, Membre de l'Académie de Médecine, Accoucheur de la Charité. —*Revue Générale des Sciences Pures et Appliquées*, Paris, France, December 15, 1893.

Astigmatism following Cataract Extraction and Other Sections of the Cornea. By Edward Jackson, A.M., M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic; Surgeon to Wills Eye Hospital.—*Ophthalmic Review*, London, England, December, 1893.

The Effect of Castration on Woman, and Other Problems in Gynæcology. By William Goodell, M.D., Honorary Professor of Gynæcology in the University of Pennsylvania.—*Medical News*, Philadelphia, December 9, 1893.

Persécuté Auto-Accusateurs et persécutés possédés. Par MM. J. Séglas, Médecin de la Salpêtrière, et G. Brouardel, interne des hôpitaux.—*Archives de Neurologie*, Paris, France, December, 1893.

Ueber Erythromelalgie und Augenleiden. Von San.-Rath Dr. Nieden in Bochum.—*Archiv für Augenheilkunde*, Wiesbaden, December, 1893.

Note sur les lésions du gros intestin dans la Fièvre Typhoide. Par Arnaud, médecin aide-major de 1re classe.—*Archives de Médecine et de Pharmacie Militaires*, Paris, France, December, 1893.

Notes of Cases of Prurigo Ferox and Leucopathia Unguium. By Herman Lawrence, M.R.C.P.Ed., Surgeon to Skin Department, St. Vincent's Hospital, Melbourne; late Assistant in Skin Department, Royal Infirmary, Edinburgh.—*Australian Medical Journal*, Melbourne, October 15 1893.

Reviews.

Books on Hernia:

1. A Treatise on Ruptures. By *Jonathan F. C. H. Macready, F.R.C.S.* Philadelphia: P. Blakiston, Son & Company, 1893.

An elaborate, well-written, scantily-illustrated treatise, the best of which has been published in English. It is quite full in bibliographical references and statistical data. As a guide to the practical surgeon it would be more useful had it been provided with diagrams and cuts illustrating various operative details.

2. Hernia: its Palliative and Radical Treatment in Adults, Children, and Infants. By *Thomas H. Manley, A.M., M.D.* Philadelphia: The Medical Press Company, 1893.

In this treatise, which deals with the treatment of hernia only, the author has described carefully, and with many useful illustrations, a number

of procedures for the radical cure of hernia, and recorded his own series of fifty-eight operations. It is the author's belief that there exists a "very wide-spread misconception with regard to what hernia really is: its precise origin and its morbid anatomy." He strongly condemns the "indiscriminate application of the truss in infants," and makes the statement that "a large proportion of the ordinary variety of hernia in infants will disappear, by hygienic measures alone, before the end of the first year. For them no sort of mechanical apparatus should be for a moment thought of." We are sure this statement will not be accepted by those who have had the largest experience with hernia in childhood.

3. The Anatomy and Surgical Treatment of Hernia. By *Henry O. Marcy*. New York: D. Appleton & Company, 1892.

The work of Marcy is the largest of the three and is admirably illustrated, from an anatomical stand-point, by elaborate plates, taken chiefly from the work of Astley Cooper. The subject is dealt with in a more or less historical manner, and, although a large amount of material has been collected, much of it could have been either omitted or greatly shortened, without detracting from the value of the book. A large amount of space is devoted to the operative treatment of hernia, and, in fact, the whole work is a strong plea for further extension of such treatment. The author's own results in one hundred and twelve cases are given in support of his views. He lays great stress, and rightly, we think, upon the buried kangaroo-tendon suture, which he invariably employs.

Drs. Bull and Coley.

Monographs Received.

The editor acknowledges, with thanks, the receipt of the following monographs:—

Case of Alarming Epistaxis of Grippal Origin and Dangers of Post-Nasal Plugging, by *A. W. de Roaldes, A.M., M.D.*, New York.——Scabies: its Symptoms, Diagnosis, and Treatment, by *Y. Abbott Cantrell*, Detroit, Mich.——Contribution à l'Etude des Lésions Traumatiques de l'Oreille, par le *Dr. F. Schiffers*, Liége.——Syphilis de la Tonsille Linguale, par le *Dr. F. Schiffers*, Liége.——Results of Aseptic Cœliotomy, by *William H. Wathen*, Louisville, Ky.——Salt: in its Relation to Health and Disease, by *Mrs. C. Leigh Hunt Wallace*, London.——Proceedings of the Society for the Study of Inebriety, London.——Sanitary Motes and Beams, by *Albert L. Gihon*, New York.——Address Introductory to the Course in the Medical Department of the Western Pennsylvania University, Pittsburgh, Pa., for the Session of 1893–1894, by *William T. English*, Pittsburgh.——The Influence of Climate on Temperament, by *J. Mount Bleyer*, New York.——A Clinical Lecture on (1) Case of Poliomyelitis, (2) Case of Chorea, (3) Case of Sacro-iliac Arthritis, etc. (Probably Rheumatic), by *J. T. Eskridge*, Denver, Col.——The Primary Action of the Galvanic Current, by *J. Mount Bleyer*, New York.——Report on Nasal Surgery, with Illustrated Cases, by *M. F. Coomes*, Louisville, Ky.——The Value of Aëro-tonic Treatment in our Cured Nose, Throat, and Chest Patients, with a few Remarks on some Suitable Winter Resorts, by *J. Mount Bleyer*, New York City.——Poliomyelitis, by *J. T. Eskridge*, Denver, Col.——The Treatment of Degenerative Psychoses, by *Jules Morel*, of Ghent, Belgium. The Prevention and Management of Pelvic Inflammation in Puerperal Women. By *Horace Tracy Hanks*, New York City.——Sarcoma of the Pia and Brain, Simulating Brain Tumor, Monospasm, and Monoparesis; Operation; Death on the Third Day. By *J. T. Eskridge*, Denver, Col.——Some Points in the Diagnosis and Treatment of Intra-cerebral Hæmorrhage and in the Treatment of Chorea, by *J. T. Eskridge*, Denver, Col.——Diabetic Coma: its Etiology and Suggestions as to Treatment, by *Vaughan Harley*, London.

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REVIEWS OF THE ANNUAL.

(From EDINBURGH MEDICAL JOURNAL of December, 1893.)

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES: A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by CHARLES E. SAJOUS, M.D., and Seventy Associate Editors. Illustrated with Chromo-lithographs, Engravings, and Maps. The F. A Davis Company, Publishers, Philadelphia, New York, Chicago, and London. 1893.

Having exhausted the language of panegyric on previous editions of this admirable work, it may suffice now to say that the present issue maintains its high character. An enormous amount of serial and permanent literature in medicine and the allied sciences has been laid under contribution, analyzed, and arranged, so that the cream of it all is skimmed and presented to the reader in a most accessible manner. The admirable arrangement of indices make it a task of only a few minutes to discover what has been done during the year in any given branch of medicine. Quotations are furnished, contrasted with other writings on the same subject, and references are given so accurately and so simply that all trouble is spared. No man, especially no teacher, who tries to keep abreast of the progress of his subject can afford to be without this admirable work of reference.

(From UNIVERSITY MEDICAL MAGAZINE of December, 1893.)

The sixth annual series of this work has recently been issued, and will be welcomed by the large number of physicians who have been fortunate enough to secure the previous volumes. To those who are not familiar with the ANNUAL, the present number will be even a stronger argument to subscribe than its predecessors. The editor is to be congratulated upon having secured the co-operation of a number of distinguished European associates in the preparation of the volume before us.

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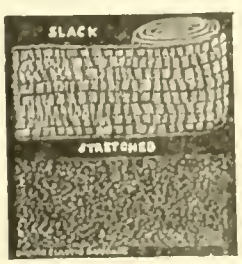
The tar-oil preparations are, however, still regarded with great favor for surgical purposes. The cresols are the active principle of all of them. But all have the great objection that they are mixed with inactive, and in some cases injurious, substances to render them easily miscible or soluble in water, and it is also difficult to obtain them of definite strength. By repeated attempts, however, to produce a reliable cresol preparation it was discovered that the cresols themselves, when properly purified, are sufficiently soluble in water to answer all practical purposes as disinfectants.



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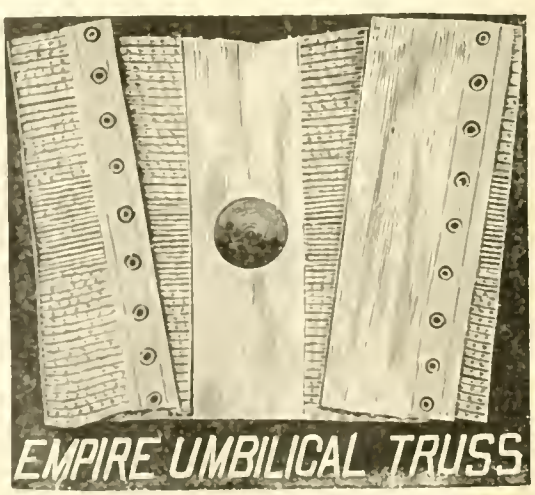

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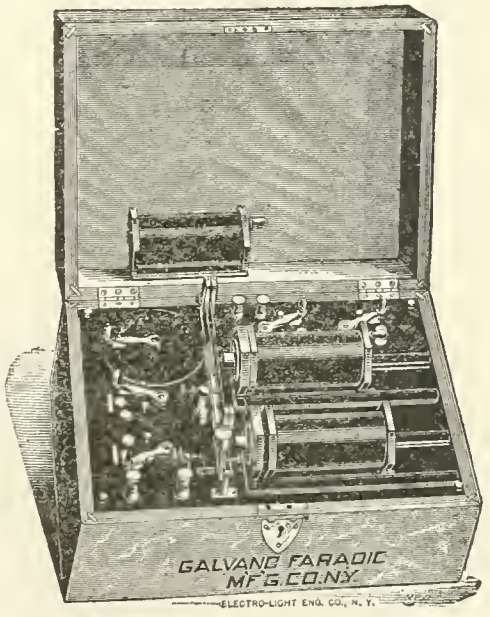

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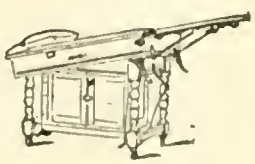

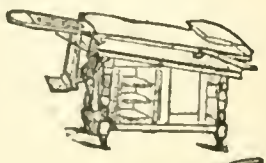

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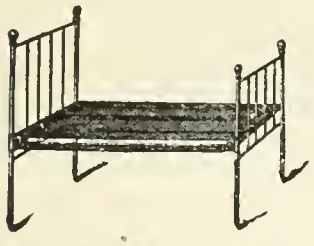

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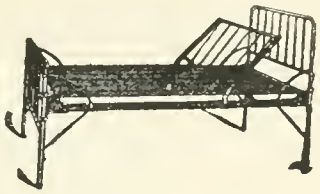

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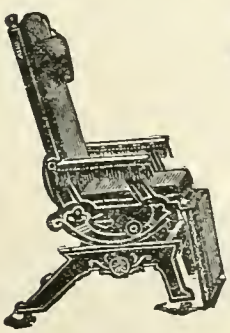

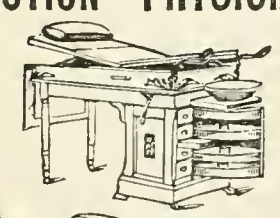

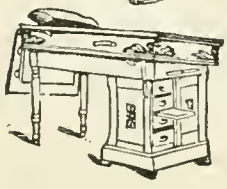

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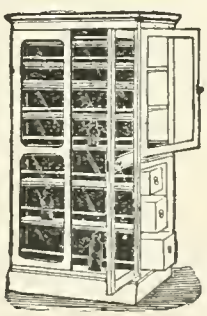

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Selections from Society Proceedings.

AUSTRIA.

K. K. Gesellschaft der Aerzte in Wien.

Meeting of January 26, 1894.

Scleroma of the Larynx.—Dr. Kobler presented a patient, aged 24 years, affected with laryngoscleroma. In 1879 hypertrophy of the vocal cords in the lower portion was diagnosed. Two years later there was no change in the condition. A short time since,—that is, twelve years after the first diagnosis,—the patient returned, and on examination the glottis was found partly covered with a membrane involving both cords, while there was also a tumor the size of a pea upon the upper part of the right cord. The diagnosis of laryngoscleroma was confirmed by histological examination after removal of the tumor, in which were found the capsulated bacilli of scleroma. The case is remarkable in that the disease was strictly confined to the larynx.

Professor Paltauf was of the opinion that inferior hypertrophic chorditis bore a distinct relation to scleroma.

Aspergillar Keratitis.—Professor Fuchs presented a case of this disease, the patient being a carpenter, who, after an injury, appeared to be suffering from serpiginous ulceration. The cornea was covered with a yellow, friable layer, which on examination proved to consist of the filaments of the aspergillus fumigatus. Only two cases of aspergillus of the cornea have been recorded in literature, the first having been observed by Leber in 1879 In the three cases the eye was injured by objects that had been in contact with mucedin.

Professor Mauthner mentioned a case which he had not seen, but for which he had been consulted by letter, and which corresponded to the present one. The brushing against the eye of the leaves of a plant produced a grave keratitis in the patient, a young princess; and after recovery leucoma of the cornea persisted.

Removal of Tumors of the Bladder.—Professor v. Frisch reported fourteen operations of this kind without any deaths. Except in two cases, he had had recourse to the typical supra-pubic lithotomy, which he prefers to Thompson's perineal method. Cicatrization was excellent, though the mucous membrane was not sutured. In a case of sarcoma involving the bladder-wall this should be removed, or, if necessary, the bladder should be resected. As after-treatment Professor v. Frisch recommends drainage with a bent tube, as advocated by von Dittel. To prevent the accumulation of secretions in *cul-de-sacs* two tampons of iodoform gauze are placed beside the drain, both gauze and drain being removed in ten days, as well as the sutures. A self-retaining catheter is then introduced and the wound closed by a suitable dressing. Recovery takes place in about three weeks Of the 14 cases, 7 were papilloma (4 multiple and 3 simple), a fibro-adenoma in a girl of 3 years, and the rest cancers. The diagnosis can only be established by examination of the urinary sediment.—*Internationale klinische Rundschau*, February 4, 1894.

Wiener medicinischer Doktoren-Kollegiums.

Meeting of January 22, 1894.

Œdema Due to Iodides.—Docent Dr. v. Zeissl gave the results of some experiments on dogs, performed in Professor v. Basch's laboratory, with the iodide preparations. Severe œdema of the lung followed the subcutaneous injection of iodine and iodide of sodium, the liquid exudate being so abundant as to flow out through the tracheal cannula of the curarized animal. A condition of stasis was produced, due to transudation in the alveoli and bronchial ramifications of the lung.

Iodide of potassium and lithium did not cause the same symptoms. To provoke the œdema v. Zeissl used a solution containing 2 grammes (31 grains) of pure iodine and 2.2 grammes (34 grains) of iodide of sodium to 100 grammes (3½ fluidounces) of water; 30 grammes (1 fluidounce) of this solution injected into the jugular vein of a dog weighing 6.5 kilogrammes (13½ pounds) caused fatal œdema, the appearances being the same as in muscarine poisoning, and also corresponding to those observed in cases of sudden death in the human subject, from œdema of the lungs, when large quantities of iodoform are brought in contact with open wounds.

Professor Basch believed that the drug exercised a direct action upon stasis and an indirect action upon the heart. The experiments were very valuable, in view of the use of these medicaments in syphilis, in which arterio-sclerosis is often present.

Intestinal Surgery.—Prim. Dr. Gersuny read a paper on this subject, and stated that operation is indicated (1) in perityphlitis, (2) in stenosis of

the intestine, and (3) in impermeability of the intestine. In the course of perityphlitis there occurs a crisis when the patient is in the greatest danger if surgical interference is delayed. As soon as there are traces of infection the result is doubtful. Abundant irrigation of the intestine is sometimes as successful as laparotomy, if carefully performed, in the genu-pectoral position. A large rubber sound is best for this purpose, 1 to 3 litres (quarts) of water being used. If the stools after the irrigation resemble pea-soup, operation is not necessary; but if only a small amount of mucus is excreted, the irrigation should be repeated, a little common salt being used three or four hours previously. The following day, if there is no improvement, the operation should be performed. In volvulus the speaker had seen infection present from the first day. Opium should be given as a calmative. Rapid intervention is much more necessary in perityphlitis than in stenosis, the symptoms being more violent. Where recurrence is frequent, the operation should be performed in the intervals. Tubage is indicated in cases where anæsthesia is dangerous; in one case the speaker was obliged to resort to tracheotomy. Suture is difficult in points where the intestinal contents are solid; in the lower portions of the intestine the sphincter should be previously divided. As to the general condition of the patient, an apoplectic tendency is unfavorable to operation, probably on account of the state of the heart. To prevent infection, the patient should be forbidden the use of fluids, or, if the heart-action is good, pilocarpine may be given.—*Internationale klinische Rundschau*, January 28, 1894.

BELGIUM.

Académie Royale de Médecine de Belgique.

Meetings of December 30, 1893, and January 27, 1894.

Hydrocyanic-Acid Poisoning.—M. Masius presented a paper by Drs. G. Corin and G. Ansiaux, of Liége, upon the pathogeny of poisoning by hydrocyanic acid. Contrary to the assertions of Geppert that this substance acted directly upon the tissues, the symptoms being due to arrest of oxidation, these writers find that the acid exercises no influence upon the organic tissues, but that it is a typical bulbar poison, and that any arrest in oxidation is due to its intense action upon the central nervous system. The symptoms observed by them in experiments upon animals were identical with all those produced by bulbar poisons.

Costal Resection in Scoliosis.—M. Casse considers that the best practice in young children presenting irreducible deformity of the thorax is to resect a portion of the costal ribs. He removed two centimetres from the fifth, three from the sixth, two and one-half from the seventh, and two from the eighth rib in a case aged 4 years. He bases his theory on the fact that after Estländer's operation the opposite side often presents scoliosis, and that the shortening of the ribs would naturally cause an improvement in the deformity. To avoid regeneration of the bone, he practiced costal suture. The result in this case was very favorable, and, he hopes, may soon be considered as definite.

Variola in Belgium.—M. Schrevens, of Tournai, has found from statistical research that, although the establishment of a vaccine institute by the State in 1882 caused a diminution in the mortality from variola, this mortality has again gradually risen until in 1892 the death-rate was 4.07 per 10,000 inhabitants,—a figure which it had not shown since 1881. He therefore advises more active intervention. In studying eighty cases at Tournai, he observed such an amount of negligence and imprudence as to cause him to advocate a sanitary service in each commune. Non-vaccinated children attended the schools, the commerce in rags was submitted to no surveillance, the isolation of convalescents from small-pox was not assured, and, by resuming their occupations too soon, workmen of all classes could spread in every direction the germs of contagion. A law is necessary to change this condition of affairs.—*Semaine Médicale*, January 31, 1894.

FRANCE.

Société de Biologie.

Meeting of February 3, 1894.

Experimental Hæmorrhage of Supra-renal Capsules.—M. Pilliet has caused supra-renal hæmorrhage in guinea-pigs by administering internally small doses of essence of geranium or cloves. Rabbits, on the contrary, were not affected by these drugs. By larger doses he obtained pigmentation of the medullary zone of the supra-renal capsules in three rabbits, two guinea-pigs, and seven dogs. If the animals be poisoned with metatoluidin or hydrochlorate of hydroxylamine (blood poisons), the capsules become embarrassed by the products of alteration in the globules of the blood and take on a reddish color. If nitrate of uranium be added to these substances, an abundant capsular hæmorrhage occurs. Similar appearances were noted clinically in one case only of tubercular peritonitis and another of puerperal infection.

M. Langlois recalled that, with MM. Charrin and Pilliet, he had observed hæmorrhage and pigmentation of the capsules following injection of the bacillus pyocyaneus.

M. Roger obtained true hæmorrhage after injection of the bacillus of Friedländer.

Lactophenin.—M. Landowski has experimented in M. Proust's clinic with this new substance, related to phenacetin, but without its inconveniences. It dissolves in 330 parts of water, the dose varying from 0.60 to 1 gramme (9¼ to 15½ grains), 3 grammes (46 grains) being the maximum daily dose. The results are similar to those obtained by antipyrin, but the drug appears to be better tolerated. It is antineuralgic in doses of 0.40 to 0.60 gramme (6 to 9¼ grains), and analgesic and hypnotic in doses of 1 to 1.20 grammes (15½ to 18½ grains). Its only inconvenience is that it sometimes produces sweating or slight vertigo.

Absorption of Guaiacol by the Skin.—MM. Linossier and Lannois, of Lyons, find that, after painting the skin with 2 grammes (31 grains) of

guaiacol, elimination by the kidney is manifested in a quarter of an hour; the proportion in the urine is greatest in from one and a half to four hours after, and reaches 3.3 grammes (50 grains) per litre (quart). It decreases rapidly in six or seven hours, and in twenty-four hours there is no further trace in the urine. The total proportion eliminated reached 1.11 grammes ($17\frac{1}{4}$ grains) of the quantity used (55 per cent.). From a practical standpoint, external application of the drug may be substituted for internal or subcutaneous use, or to complete the effect of either of these methods of administration. It is necessary, however, to cover the painted surface with an impermeable layer of taffeta, in order to assure absorption, and to repeat the painting frequently, as elimination of the guaiacol absorbed takes place very rapidly.—*La Médecine Moderne*, February 7, 1894.

Meeting of January 20, 1894.

Angiocolitis and Cholecystitis.—MM. A. Gilbert and S. A. Dominicis recalled a paper by the former, in connection with M. Girode, in 1890 (*Semaine Médicale*, p. 481), in which the rôle of the bacillus of Escherich in the production of angiocolitis and suppurative cholecystitis was established. Within the space of one year they have observed three new cases of suppuration of the biliary passages imputable to the same organism. The first case was that of a woman of 53 years, who died from obstruction of the gall-duct by a calculus, at the level of the ampullæ of Vater. Besides purulent angiocolitis, there was a peritoneal abscess beneath the liver, as large as a quince. In the second case, a woman of 33 years, after numerous attacks of hepatic colic, cancer of the biliary vesicle occurred, death being hastened by suppurative angiocolitis, complicated with purulent generalized peritonitis and endocarditis vegetans of the mitral valve. Bacteriological examination was made of pus from the biliary and subhepatic abscesses and the splenic juice in the first case, and of the pus from the biliary abscess and blood from the myocardium in the second. The bacillus of Escherich was present in pure cultures. Mice inoculated under the skin succumbed in twenty-four hours, and the bacilli were found in cultures of their blood. Sections of the liver contained microbes having the morphological characteristics of the cultivated bacilli, rare in the first case, innumerable in the second. The third case was a woman of 25 years, who entered hospital for a chronic icterus. Puncture of the liver permitted the removal of a small quantity of blood, which, when cultivated, gave a number of colonies of the bacillus of Escherich. M. Tuffier performed cholecystotomy, and the bile was collected as soon as the vesicle was opened. The pus yielded cultures of the same microbe. It will thus be seen that the coli bacillus is not only met with at autopsy, but also in living subjects suffering from biliary affections, apart from all other micro-organisms; and the frequency with which it is encountered justifies its being regarded as the chief parasite of the biliary passages.—*Semaine Médicale*, January 24, 1894.

Académie de Médecine.

Meeting of January 30, 1894.

Treatment of Tuberculosis.—M. Lancereaux read a report upon a work of M. Caravias on the treatment of tuberculosis by substances which form succinic acid in the organism, such as raw meat, fats, bimalate of lime, benzoic acid and its salts, non-acidified pepsin, asparagin, carrots, green vegetables, etc. According to M. Caravias, this treatment produced a notable amelioration in cases in which it had been tried, except, of course, in such as suffered from too extensive lesions. He believes that it has no action upon the bacillus, but that by its antiseptic properties it antagonizes invasion by the bacilli, modifying the soil, as it were, and allowing the tuberculous material to pass through its several phases, to be eliminated in the expectoration.—*Semaine Médicale*, January 31, 1894.

Meeting of January 23, 1894.

Modification of Estlander's Operation.—M. Delorme, finding that this operation is often followed by the formation of a thick, resistant false membrane which prevents the lung from returning to its former dimensions, has treated a case reported in detail, in which operation had been previously done for empyema. An extensive quadrangular incision was made into the thoracic wall, comprising the skin, muscles, ribs, and corresponding interosseous spaces. The false membrane, covering lung and pericardium, was removed with the bistoury and scissors, cannulated sound, and the finger; and the lung, which was quite healthy, immediately expanded and occupied the entire cavity. It not only regained its normal size, but its action also appeared to be regular. The wound was closed with sutures, dressed with corrosive sublimate and cotton compress.—*Le Bulletin Médical*, January 24, 1894.

Société de Médecine Publique.

Meeting of January 24, 1894.

Cracked Nipples.—M. Lepage stated that the reason frequently given by mothers for not nursing their children was the fear of complications, such as abscesses, arising, as now generally admitted, from excoriations of the nipple. Antisepsis has decreased the frequency of abscess, but has not had so happy an effect upon cracked nipples. Professor Pinard has for the last ten years advised the use of compresses soaked in a solution of boric acid. M. Lepage recommends washing the breast with the following solution: red iodide of mercury, 0.10 to 0.20 gramme (1½ to 3 grains); alcohol, 50 grammes (1¾ fluidounces); distilled water, 450 grammes (14½ fluidounces); glycerin, 500 grammes (16 fluidounces). If at the end of several days the ulceration has disappeared, a boric-acid solution may be substituted. If a crack occur, a compress soaked in the above solution should be applied. With the boric-acid applications, of 331 lying-in women, the temperature exceeded 37° C. (98.6° F.) in 67; while with M. Lepage's method, of 440 cases, the temperature exceeded 37.5° C. (99.5° F.) in only

23. Further, the cicatrization of the cracks is much more rapid and the pain much less.—*La Médecine Moderne*, January 27, 1894.

GERMANY.

Berliner medicinische Gesellschaft.

Meeting of January 31, 1894.

Ether and Chloroform Anæsthesia.—Dr. Körte read an interesting communication on this subject, and remarked upon the tendency of the times to substitute ether for chloroform in surgical operations. The dangers of chloroform are well illustrated by the statistics presented before the Association of German Surgeons. According to these, of 133,122 cases of chloroform anæsthesia there were 46 deaths, or 1 death for 2894 cases. According to the statistics of Kappeler, 53 deaths occurred in 152,260 cases, or 1 in 2873. Since 1890 the speaker had used ether instead of chloroform, administered by means of Julliard's mask. The preliminary preparation is the same as for chloroform. In cases of hernia, lavage of the stomach is indicated.

He also gives a subcutaneous injection of morphia before the anæsthetic. In using ether, as much as from 30 to 50 grammes (1 to $1\frac{1}{2}$ fluidounces) should be poured on the apparatus at first, but once tolerance is established the amount required is small. The patient should be allowed to make several deep inspirations at the beginning of etherization. At the end of one minute the mixture of gas in the apparatus becomes constant, consisting of 2.8 to 4.7 per cent. of ether, 16.6 to 18.7 per cent. of oxygen, and 1.2 to 1.7 per cent. of carbonic acid; in other words, less than a tenth part of the carbonic acid necessary to exert an injurious influence. Tolerance is established somewhat more slowly with ether than with chloroform, requiring seven and a half minutes. Since Dr. Körte has used ether he has anæsthetized 600 patients, each operation requiring from 100 to 200 grammes ($3\frac{1}{4}$ to $6\frac{1}{2}$ fluidounces) of ether, according as the operation lasts from one-half to one hour. All the patients bore the anæsthetic well. There was no slowing or weakening of the pulse, blood-pressure being sometimes even elevated.

However, there is a special action on respiration, the bronchial secretion increasing under ether, a rhonchus being at first produced which would necessitate the suspension of chloroform anæsthesia, but which has no significance when ether is used. Vomiting was observed only sixty times in the 300 cases. The period of excitement is longer, but the sleep is calmer. In 32 cases only were the patients restless, exhibiting signs of discomfort. In 1 case complete narcosis could not be obtained, though 430 grammes (14 fluidounces) of ether were used. In 3 cases tetanic muscular contractions rendered the operation more difficult. In such cases about 20 drops of chloroform placed on the mask will cause the cessation of the contractions. After anæsthesia the awakening is pleasant, and is soon succeeded by a natural sleep, due, probably, to the preliminary injection of morphine. It has been stated that ether produces nephritis, and in order to test the truth

of this assertion Dr. Körte examined the urine in a series of cases, before and after narcosis. Of these, 203 had no albuminuria, either before or after operation. In 7 patients there was albuminuria before etherization, but the nephritis from which it originated was in no way modified. Albuminuria was observed after anæsthesia in only 6 cases previously free from it. The influence of ether upon bronchial inflammations is incontestable, though it cannot be said that pneumonia is more frequent after ether than after chloroform. One case of hæmoptysis was not aggravated by ether narcosis. Recent bronchitis, however, should be considered a contra-indication. Ether was given to patients suffering from empyema, in whom chloroform would have been dangerous, on account of the heart. In such cases, nevertheless, the ether should be at once suspended as soon as a large quantity of fluid is observed in the bronchi.

As regards the inflammable nature of ether, this is but a minor inconvenience, requiring only the simple precaution of avoiding the use of the Paquelin thermo-cautery for operations about the face, mouth, nose, etc. Patients who have submitted to both ether and chloroform narcosis state that the sensations of anæsthesia by the former are more disagreeable, but that the awakening is less painful. The speaker's experience confirmed this assertion.

It is worthy of remark that, of 243 deaths under chloroform, 127 occurred at the beginning of anæsthesia, and that, of 60 deaths due to ether, only 4 were at the beginning; thus showing that the dangers of syncope at the outset are far less with ether than with chloroform.—*Deutsche medizinal-Zeitung*, February 12, 1894.

Verein f. Innere Medicin.

Meeting of January 29, 1894.

Motor and Sensory Aphasia.—Hr. Gutzmann discussed the treatment of sensory and motor aphasia, and reported three cases under his care: one a woman of about 50 years; another an officer of some 40 years, suffering from motor aphasia; and a man of 40 years with sensory aphasia. All had had hemiplegia of the right side for some years.

The first patient abandoned treatment at the end of five weeks, though there had been some progress. The officer continued it for three months, at the end of which time he could make himself understood, though at first he could not speak a word. The third patient was also similarly improved.

In establishing the faculty of speech, it is necessary to proceed from easy to difficult words, first causing the patient to pronounce the letters, then the syllables, then the words. Extraordinary patience is required, but the definite results are excellent. In patients suffering from the sensory form of the disease not only the hearing, but the sight is exercised. The perception of sounds takes place not only through the auditory centre, but also through the centre for the articulation of sounds; that is, by the movements of the mouth. The patient thus learns to understand speech by the movements of the lips. The results obtained by Dr. Gutzmann render the prognosis of aphasia in the adult better than formerly supposed.

Hr. Jastrowitz had observed some patients with motor aphasia who did not understand what they said. If this were the general rule, it would be useless to teach them to speak.

Hr. Jolly considered it difficult to appreciate exactly the results obtained by Hr. Gutzmann, as it was impossible to say how far nature had acted,—how susceptible of repair was the area causing the aphasia. There are cases of motor aphasia to which the treatment is not applicable, as, for instance, where the patients have the use of but a few words. Nevertheless, he agreed that exercise in speech and writing had a great influence upon the cure of the disease, although it has not yet been proven that, in teaching the patients to write with the left hand, the speech-centre of the left hemisphere is developed. It might be claimed that in such cases the left speech-centre was not entirely destroyed, but that what remained of it becomes more active from exercise. The intelligence of aphasic patients has, it is feared, been overestimated. Most of them show great absence of intelligence, as may easily be perceived by their manner of performing exercises. They are easily fatigued, and generally do not persevere long enough to attain any results. The success of these exercises, therefore, will be limited to a certain class of cases. As regards sensory aphasia, the case is even more complex. The patients do not hear or understand what is said to them ; they pronounce words without meaning, believing them to be sensible. Hr. Jolly believed that verbal deafness only was susceptible of amelioration by Dr. Gutzmann's method, and that the prognosis in this variety was therefore more favorable.

Hr. Gutzmann, to demonstrate the automatic activity of the right hemisphere, cited a case of Pfleiderer, that of an old woman who became aphasic after an apoplectic attack. To all questions she invariably responded, " Oh, no." These were the only words pronounced voluntarily, but when given a rosary she repeated all the prayers without stopping ; yet, if the first word of the Lord's prayer was pronounced for her, she was incapable of repeating it. This case is an example of automatic activity of the right hemisphere. One of the patients treated by the speaker was affected with pure word-deafness. His speech was not confused. He sometimes used the wrong word, not finding at once the correct one ; but he did not become disconcerted, and expressed himself calmly. He had some peculiarities, however. If he had understood by sight the word " each," he did not immediately seize the meaning ; but if the word were written, he understood it at once.

Hr. Jastrowitz said that, according to the size of the diseased area, a greater or less number of words must remain. In certain cases, during periods of excitement, the patients cry out, use abusive language, etc.

Hr. Goldscheider saw no proof that the retention of a certain number of words depended upon the persistence of activity, either of the right or left speech-centre or of any other centre. The association of ideas most frequent in the life of the patient are those least readily lost. The souvenirs of childhood, oaths, etc., are slowest to disappear. It is likewise not proven that the exercises recommended by Dr. Gutzmann call into activity the speech-centre of the right hemisphere. No anatomical explication can at

present be given of the re-establishment of speech.—*Deutsche medizinal-Zeitung*, February 8, 1894.

GREAT BRITAIN.

Pathological Society of London.

Meeting of February 6, 1894.

Dilatation and Rupture of Sigmoid Flexure.—Mr. James Berry reported the case of a man, aged 73 years, who died of collapse from perforation of the sigmoid flexure, due to constipation of many years' standing. The fatal attack lasted nine days. After death both colon and cæcum were found to be unaffected. The sigmoid flexure was of such dimensions as to reach the spleen and liver, with which it was connected by old adhesions. Its inner surface presented ulcers and perforations. The rectum was not involved, and the case was unusual in being confined entirely to the sigmoid flexure.

The president, Mr. Pavy, considered the condition due to atony or paralysis of the bowel, permitting passive dilatation.

Mr. Berry agreed with this view, but thought the starting-point was some twist of the nature of a volvulus, though this was not persistent, and there were no signs after death.

Dr. Pye-Smith cited the case of a man upon whom colotomy was performed for distension, constipation, and symptoms supposed to be due to chronic stricture of the descending colon. Recovery and relief followed, but the man was re-admitted to hospital not long afterward and died from Bright's disease. The colotomy-opening was merely closed and the evacuations were made naturally. Careful examination after death showed no trace of obstruction, either from band, volvulus, or other cause.

Transverse Male Hermaphroditism.—Mr. Edgar Willett presented specimens from a man aged 44, who died from cerebral hæmorrhage. The testicles were undescended; there was a well-developed uterus and vagina; the sexual glands, though occupying the situation of the ovaries, proved, on microscopical examination, to be the testicles, the membrana propria of the tubuli being remarkably thick. There was a tunica vaginalis on either side of the scrotum, and the penis was well developed. The man wore a beard, was married, and had two children. The testicles were provided with vasa deferentia, which passed down by the sides of the vagina toward the prostatic division of the urethra, but their exact mode of termination was not ascertained. The vagina narrowed as it perforated the prostate, and opened in the usual situation of the uterus masculinus. A closed Fallopian tube proceeded from the uterus on either side, terminating above the globus major of the epididymis in a body representing the usual hydatid of Morgagni.

Mr. Stonham reported a similar case to the society a few years ago.—*British Medical Journal*, February 10, 1894.

Meeting of January 16, 1894.

Appendicitis.—Dr. Fred. J. Smith showed a specimen of diseased vermiform appendix removed from the body of a man aged 40, who had had no illness of any kind before last August, when he entered hospital for ordinary acute nephritis. From this he recovered, although a trace of albumen remained. He was re-admitted in November, with headache, hiccough, much sickness, and severe diarrhœa, as well as marked general œdema. Cheyne-Stokes respiration appeared, and he died from what was supposed to be acute uræmia. Post-mortem the kidneys were found enlarged and slightly mottled, the capsules being somewhat adherent. There were patches of intensely-red congestion, but no ulceration in the stomach and intestines as far as the colon; the vermiform appendix was very pale, about the shape, length, and size of an adult forefinger, curved on itself in a semicircle by the contraction of adhesions; in its mesentery was a black, hæmorrhagic swelling, about the size of a nux-vomica seed. Dr. Smith remarked on the curious absence of symptoms or signs of what was evidently a typical example of recurrent appendicitis; he also regarded the facts as throwing light on the possible condition underlying many cases of acute appendicitis which recovered under medical treatment.—*British Medical Journal*, January 20, 1894.

RUSSIA.

Fifth Congress of Russian Physicians.

Meeting at St. Petersburg, January 8 to 17, 1894.

Diagnosis of Typhoid Fever.—Obraztsow, of Kiew, called attention to the value of palpation of the ileum and mesenteric ganglia in the diagnosis and prognosis of typhoid fever. For the past four years he had observed, in examining the right iliac fossa in cases of typhoid fever, that in 60 per cent. of the cases an intestinal loop could be felt beyond the cæcum, about the size of the index finger, of varying consistence, and at the level of which pain and gurgling were localized. This loop, situated at the base of the right iliac fossa, is from six to eight centimetres in length, directed obliquely from above below, from without inward, its upper end being in relation with the internal part of the exterior surface of the cæcum, its lower end near the outer edge of the right abdominal muscle. A line from one antero-superior iliac spine will divide this loop in two equal parts seven centimetres from the right iliac. Autopsy verified the author's belief that this loop was none other than the terminal point of the ileum where it joined the cæcum; and clinical observation has shown that the larger and more painful this loop, the graver the prognosis of the case. The author has also observed, at the base of the abdominal cavity, in the region bounded by the external edge of the right muscle on the inside and the internal edge of the ascending colon on the outside, several mesenteric ganglia of the size of a plum or a nut. These also indicate a grave prognosis. After examining several hundred patients, Obraztsow feels warranted in declaring these two signs to be of the greatest value in the diagnosis and

prognosis of the disease, although their absence does not exclude typhoid fever. They are also of value in the differential diagnosis between typhoid fever and the typhoid forms of acute tuberculosis. In palpating the ileum, the right hand is held perpendicularly to Poupart's ligament, seven centimetres from the right antero-superior spine of the ileum, at the point where the intestinal loop meets this line. The palpation should be made with delicacy, in order to avoid contraction of the muscles of the abdominal wall. The patient should at the same time make deep inspirations. To find the mesenteric ganglia, the fingers of the right hand are placed near the external border of the right abdominal muscle parallel with the umbilicus, carefully palpating the left half of the lumbar vertebral region, below and outside the right abdominal muscle; the angle formed by the ileum and the colon will show the hypertrophied ganglia of the mesentery. As the palpation of these points is often rendered difficult by the sensitiveness and swollen condition of the large intestine, it will be seen that the greatest delicacy of touch is required.

Simplified Supra-vaginal Hysterectomy.—Dmitri de Ott, of St. Petersburg, read a paper on supra-vaginal hysterectomy simplified by several modifications intended to secure asepsis, to prevent post-operative hæmorrhage, and to shorten as much as possible the operation itself. The patient being chloroformed and the vagina disinfected with a $\frac{1}{2000}$ solution of corrosive sublimate, the cervix and inferior uterine segment are curetted. If the cervix is too narrow, dilatation by Hegar's method is performed and the cavity again disinfected. The cervix is cauterized with a Paquelin cautery as high up as possible, and the vagina packed with iodoform gauze. This stage of the operation lasts about ten minutes. Incision of the abdominal wall is made and the tumor drawn out, the broad ligaments being ligatured and partially resected. The pedicle being secured by a rubber or strong silk ligature, the uterus is amputated perpendicularly to its vertical axis, and the upper part of the cervix cauterized, at the same time touching superficially the entire surface of the section with the thermo-cautery. Two strong ligatures are then placed on the pedicle, from before backward, one-half or one centimetre below the surface of the section, in the vicinity of the cervical canal, one to the right, the other to the left, and knotted on their respective sides, thus constricting into two portions, right and left, almost the entire tissue of the cervix, without at all involving the cervical canal, which remains permeable throughout its entire length. There also remain two small portions of uterine tissue in front and behind, not included in the ligatures. Should the cervix be too large or should hæmorrhage from this remaining tissue be feared, it will be sufficient, before tying the first two ligatures, to make two others at right angles, thus assuring complete hæmostasis, by including all the cut vessels of the stump, without compromising the cervical canal, as by Kocher's method. The constricting ligature is then removed, as well as the gauze tampon from the vagina, and with the aid of a long sound, with an eye at one of its extremities, a wick of iodoform gauze is introduced from above downward, the entire length of the cervix, the upper end being on the surface of the section. Immedi-

ately after operation the vagina is again tamponed with gauze. The stump being replaced in the abdomen, the incision is closed by sutures. During the post-operative period, antiseptic vaginal injections are made twice daily, the gauze wick being removed in four or five days. The advantages of these modifications of hysteromyomectomy appear to be as follow: 1. The duration of the operation is shortened. 2. Antisepsis is more perfect. 3. Hæmostasis is not more difficult. 4. The after-treatment is very simple. 5. In 23 cases there was but one death, or 4.3 per cent., while in 31 cases, by the ordinary method of hysteromyomectomy, the proportion was 24.4 per cent., and in 11 cases of laparomyomectomy 36.4 per cent.

Bromide of Ethyl and Chloroform Anæsthesia.—Pavloff, of St. Petersburg, has used in his clinic since 1891 mixed anæsthesia by bromide of ethyl and chloroform. A dose of 5 grammes ($1\frac{1}{4}$ drachms) of the former is given for one and one-half minutes, after which inhalations of chloroform (Pictet) are used for twenty minutes, at the rate of 0.70 gramme ($10\frac{3}{4}$ grains) per minute. These proportions are modified as follows, according as the patient is man, woman, or child: for an adult man, 8.50 grammes ($2\frac{1}{8}$ drachms) of bromide of ethyl for about two minutes, 16 grammes ($4\frac{1}{4}$ drachms) of chloroform for twenty-six minutes; for a woman, 5 grammes ($1\frac{1}{4}$ drachms) of bromide of ethyl for one and one-half minutes, and 12 grammes ($3\frac{1}{4}$ drachms) of chloroform for fifteen minutes; for a child, 1.50 grammes ($23\frac{1}{4}$ grains) of bromide of ethyl for half a minute, and 8 grammes (2 drachms) of chloroform for fifteen minutes.

The author observed no excitement following the use of bromide of ethyl in children, as claimed by some authors. In 314 cases in which the mixed anæsthesia was unemployed, agitation occurred at the moment of narcosis in 15 cases, all alcoholic; there was vomiting and nausea in 22 cases, asphyxia in 3, and slight syncope in 1 case. Anæsthesia was obtained in a very short time—scarcely two minutes—without excitement, and without any of the unpleasant effects usually observed after chloroform.

A Modification of Symphyseotomy.—Dr. N. Fenomenoff described a method of maintaining permanently the separation of the pubic bones obtained by the operation of symphyseotomy, his idea being to avoid the necessity of repeating the operation at a future confinement. He removes a triangular piece of bone from the upper portion of the pubic bones and inserts it at the lower part where the separation is desired. His experiments were made upon the cadaver and a number of animals, the operation being easily performed. He has not yet tried it upon the living woman; and, as Dr. Kaplansky remarked in the discussion, it will be necessary to observe carefully its result upon animals, as regards the modifications of the genital organs which it may bring about and its influence upon conception, before applying it as a therapeutic measure.

Extra-uterine Pregnancy.—M. Smolsky, of St. Petersburg, reported a case of large retro-uterine hæmatocele due to rupture of a right tubal pregnancy. At the end of five months the sanguine effusion was completely absorbed, as proven during laparotomy for a left parovarian cyst. The right tube, excised during the operation, contained, besides some blood-

clots, an atrophied embryo 1.5 centimetres long. The speaker claimed that spontaneous cure might result in such instances, Agapow's statistics showing this to be true in 47 per cent. of the cases tabulated by him. It is known that, in 86.8 per cent. of retro-uterine hæmatocele left to themselves, cure takes place. Dr. Smolsky concluded as follows: 1. Laparotomy is indicated in cases of tubal pregnancy diagnosed before rupture of the Fallopian tube. 2. It should, whenever possible, be practiced in cases of recent rupture and of intra-abdominal hæmorrhage during the first months. 3. Contrary to the opinion of Prof. Dmitri de Ott, expressed at the Gynæcological Congress of Brussels in 1892 (*Semaine Médicale*, p. 373, 1892), a tubal pregnancy terminating in retro-uterine hæmatocele may be expected to end in spontaneous recovery. Recourse should not be had to laparotomy unless the woman's life is in danger, or the tumor has begun to suppurate; even then, opening of the recto-uterine *cul-de-sac* is preferable to laparotomy.

Resection of the Cæcum.—Dr. Veliaminow, of St. Petersburg, reported two cases in which he had performed this operation for intestinal tumors, and formulated the following conclusions: 1. The differential diagnosis between neoplasms, tuberculosis, and chronic inflammation of the cæcum is difficult and often impossible. 2. Enterorrhaphy after resection is preferable to the formation of an artificial anus in all cases in which the resected ends of the intestine can be united. 3. There is no fixed method of suturing, as the needs of each case must be considered. 4. It is much preferable to tampon the abdominal cavity antiseptically rather than to close it.

Hæmorrhoids.—Dr. N. Trikler, of Cracow, called attention to the intense pain following the treatment of hæmorrhoids by preliminary dilatation, ligature of the hæmorrhoidal masses, and cauterization with the thermo-cautery. This pain seems to depend upon irritation of the sphincter, and is accompanied by constant reflex contractions of that muscle. He avoids this by making several small incisions into the external fibres of the sphincter, thus also facilitating the escape of gas. The sphincter is in no way injured, the wounds healing promptly and permitting the introduction into the rectum of antiseptic gauze of the desired length and thickness.

Dr. Soubbotine, of St. Petersburg, declared himself a partisan of Trélat's method, forced dilatation of the rectum rendering such incisions necessary.—*Semaine Médicale*, January 17 and 27, 1894.

UNITED STATES.

New York Academy of Medicine.

Meeting of January 18, 1894.

Excessive Intestinal Putrefaction.—Dr. C. A. Herter read a paper with this title. He stated that the facts brought to light two years ago, regarding the occurrence of excessive intestinal putrefaction in epileptics, had stimulated an inquiry into the occurrence and character of putrefactive processes in the intestine in other conditions than epilepsy. This inquiry made it clear that deviations from the normal character and degree of this putrefaction were met with in association with a variety of morbid states.

It had long been known that a variety of aromatic substances, including indol, phenol, etc., were produced by the action of anaërobic bacteria upon proteids, and also that this process occurred normally, to some extent, in the intestine when nitrogenous food was introduced. Careful observations were made, with the aid of an expert chemist, upon the ethereal sulphates in 40 cases of epilepsy, 8 cases of melancholia, and 8 cases of Bright's disease, and in a number of cases of anæmia, pernicious anæmia, leucocythæmia, catarrhal jaundice, exophthalmic goitre, and many other diseases. The author deduced the following conclusions, as a result of his investigations: 1. An excess of the ethereal sulphates in the urine was evidence of excessive putrefaction of proteids in the intestine, the exceptions to this being in cases of suppuration with free drainage, and where such drugs as creasote and salol had been administered. 2. The indigo-blue of the urine was not necessarily proportional to the ethereal sulphates, and was to be regarded as due to a special form of putrefactive decomposition. 3. The regular occurrence of more than a trace of indigo-blue was to be regarded as pathological, although in robust persons there might be very little evidence of disordered digestion for a time. 4. The presence of indigo-blue in the urine of children was no evidence of the existence of a tuberculous process. 5. Intestinal flatulence was oftener associated with intestinal putrefaction than any other symptom of intestinal indigestion. Epigastric pain and tenderness, the sense of emptiness, and nausea bore no relation to the ethereal sulphates. 6. Both constipation and starvation might increase the putrefactive products in the urine. 7. Epilepsy, acute melancholia, and chronic Bright's disease were usually associated with excessive intestinal putrefaction. 8. The treatment of excessive intestinal putrefaction by means of drugs was at present unsatisfactory. 9. The use of rare beef and of milk, and the exclusion, as far as possible, of vegetable nitrogenous food were important and effective means of reducing intestinal putrefaction and of relieving symptoms of intestinal indigestion. 10. The relief of intestinal symptoms could not be ascribed wholly to the effects of a milk-and-beef diet, for such diets reduced the excess of uric acid which was observed in many cases of intestinal indigestion. 11. The treatment of epilepsy by means directed to the intestinal condition led, in many cases, to a reduction in the number of the seizures and to marked improvement in the general health. 12. It was probable that in some cases of epilepsy in children the early seizures were determined by intestinal derangement, and that certain treatment directed to the correction of the putrefactive excess might greatly improve or even cure some cases, in the sense of preventing the establishment of the epileptic habit.

Dr. L. C. Gray coincided with Dr. Herter, in that the remedies were very inadequate to cope with the condition. He had found that, to correct the putrefactive changes in the intestine, a combination of salol, bicarbonate of sodium, and pancreatin gave the best results. Where there were chronic disturbances of digestion and a diarrhœa had been set up, and where everything had failed, he had produced the best effect with calomel. Subgallate of bismuth was also beneficial. Rochelle salts, used in small doses, con-

tinued over a prolonged period, acted well in disinfecting the intestine, the physiological effect on the capillaries being nearly the same as that of iron. In his own cases he had observed that where patients were put upon a nitrogenous diet there was always an excess of uric acid. In regard to dietetic treatment for the nervous conditions arising from intestinal putrefaction, he had been unable to obtain any good results.

Dr. C. L. Dana had observed in almost all cases an excess of uric acid. He had found that naphthalin, in doses of from 60 to 80 grains (4 to 5.3 grammes) per diem, was very effective in neurasthenic headaches where everything else had failed.

Dr. W. H. Thomson's experience with epileptics had been that before an attack the breath became foul and there was intestinal derangement with diarrhœa. Where the diet and intestinal condition could be corrected, there was always a marked improvement in the character and number of the attacks and in the general health. He depended very largely upon bismuth in cases where there was much intestinal disorder, as in typhoid fever. It had been given continuously in the Roosevelt Hospital wards during the last siege of typhoid fever, with the result that in only one case had the diarrhœa been persistent. It could be combined to advantage with benzoate of sodium.

Dr. L. Emmett Holt had one class of cases suffering with undoubted intestinal indigestion, viz., young children from 1 to 4 years of age, with immense abdomens and generally rachitic, who had usually subsisted almost wholly upon a diet of carbohydrates, in the form of oatmeal. By placing them strictly upon a milk and meat diet, and excluding all starchy food, improvement was rapid. The milk was peptonized, and the meat scraped to a pulp. A dose of calomel was given every three or four days to correct any constipation that might be present.—*New York Medical Journal*, January 27, 1894.

Selections from Reports of Members of the Annual's Editorial Staff.

Denmark.

DR. HOLGER MYGIND,
REFERENT FOR DEN DANSK LITTERATUR VEDRØRENDE: ALMINDELIG KIRURGI, OPHTHALMOLOGI, LARYNGOLOGI, OTOLOGI, ANATOMI, HISTOLOGI, PHYSIOLOGI, DERMATOLOGI, SYPHILIDOLOGI, SAARSYGDOMME. (TETANUS, HYDROPHOBI, ETC.).

Alle medicinske Bøger, Dispulatser, Monographier, Tidsskrifter, etc., der udkomme i Danmark bedes sendt til DR. LEVISON, (f. d. DR. MYGIND), Norrevoldgade, 13, Kobenhavn.

Two Rare Cases of Hæmorrhage of the Middle Meningeal Artery.—ROYSING reports the following two cases: 1. A man aged 40 had contracted, during an alcoholic eclamptic fit, an apparently slight injury of the right side of the skull; the following day paralysis of the left arm and leg and paresis of the left facial nerves developed, accompanied later by coma; death occurred on the third day. The post-mortem examination revealed hæmorrhage of the posterior branch of the right arteria meningea media a few centimetres over the foramen spinosum, but no fracture whatever of the skull. 2. A man aged 75 was standing upright in a

carriage when the horses suddenly moved, and he fell down on the road; he was able to stand upright for a short time after the fall and pass water, but soon exhibited signs of cerebral disturbance; later on strabismus of the right eye and paralysis of the left arm and leg developed, accompanied by a delirious condition. About two days after the accident trephining was performed, and an injury of the posterior branch of the right arteria meningea media found; during the operation the patient collapsed under chloroform, but recovered after an injection of a solution of salt into the median cubital vein. The paralysis disappeared, and the patient was discharged, a month later, in good health. This case is also interesting on account of the perfect union of two discs of bone removed by the trephine, kept during their removal in a 6-per-cent. sterilized solution of salt, the periosteum being carefully united over them when replaced.—*Hospitals-Tidende*, No. 3, 1893.

On the Frequency and Importance of Otitis Media in Sick Children.—DR. RASCH, of Copenhagen, has examined the middle ear in 61 post-mortem examinations of children up to 2 years of age. The middle ear was normal only in 5 cases (8 per cent.); in 46 cases (75.5 per cent.) suppurative otitis media was found in either one or both ears, and in 8 cases (14.5 per cent.) simple catarrhal otitis media was present. Otitis media was observed in nearly all the children who had died of broncho-pneumonia (43 cases), but had not been diagnosed during life, on account of the membrana tympani being rarely perforated, although pus was found in 77 per cent. of these cases. Several of the children had exhibited brain symptoms, sometimes so marked that meningitis was diagnosed during life, while the post-mortem examination revealed no affection of the brain or its membranes; the author therefore calls attention to this source of error in diagnosis in cases of broncho-pneumonia. In 43 cases the exudate was examined more minutely, and in 33 of these pneumococci were present. Whenever pneumococci were found, the tympanic membrane was without perforation. Perforation of the membrane was, on the whole, a very rare occurrence, appearing only in 4 of the 61 cases examined. The author is inclined to believe that broncho-pneumonia in infants plays a rôle in the etiology of deaf-mutism, the otitis media extending to the internal ear.—*Hospitals-Tidende*, Nos. 18–20, 1893.

Treatment of Fracture of the Thigh in the Newborn.—C. J. ELLEFSEN, of Norway, has obtained excellent results, in a case of fracture of the femur, by applying a splint anteriorly and posteriorly to the thigh, fixing the latter to the abdomen in extreme flexion by means of a bandage. —*Norsk Magazin for Laegevidenskaben*, No. 7, 1893.

Fragment of a Stomach-Tube in the Ventricle.—T. G. STOCKFLETH, of Norway, has observed a patient in whom this foreign body, thirty-three centimetres in length, was located in the ventricle from June 18th to July 3d, when it was brought up by vomiting. The symptoms were but slight. —*Norsk Magazin for Laegevidenskaben*, No. 9, 1893.

Carcinoma Recti; Resection and Recovery.—The patient, a man aged 66, with an adeno-carcinoma of the superior portion of the rectum extend-

ing five or six centimetres, was operated on by NICOLAYSEN, of Christiania, after Kraske's method, and was discharged from the hospital twenty-three days after the operation, a good functional result having been obtained.—*Norsk Magazin for Laegevidenskaben*, No. 6, 1893.

Diplacousis.—HANS DAAE, of Christiania, relates two cases of diplacousis caused by acute catarrh of the tympanic cavity, and one caused by labyrinthine disease.—*Norsk Magazin for Laegevidenskaben*, No. 6, 1893.

Poland.

DR. C. SZADEK,

Redactor Korespondent z działu polskiej literatury tyczącej się: Chirurgii ogólnej; dermatologii; syphilografii; chorób chirurgicznych (tężec, wodowstręt, itd.).

Wszystkie pisma lekarskie, dzieła, rosprawy, monografije, itd., w języku polskim wydane, a tyczące się przedmiotów powyższych, winny być nadsyłane pod adresem

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Rossyja.

Removal of Neoplasm of the Liver.—ROSENTHAL reports a successful case of removal of a tumor of the liver in a woman 47 years old. The tumor was irregular on the surface, hard to the touch, and freely movable. When the abdomen was opened the growth was found to be attached to the left lobe of the liver, and was removed, the pedicle being treated by the extra-peritoneal method. An elastic ligature was applied, the pedicle cut, and the stump cauterized with chlorate of zinc. Microscopical examination showed the growth to be a fibromatous angioma. The patient recovered without complications, and six weeks later was in good health. Such cases of angio-fibroma are very rare. The author recommends, whenever possible, the adoption of a combination of the methods of Terrier and Tillmann (extra-peritoneal) in the treatment of stump, and gives concise reports of 21 other recorded cases of the removal of the liver, of which 18 patients recovered and only 3 died after operation.—*Gazeta Lekarska*, No. 45, p. 1178, 1893.

Ichthyol in the Treatment of Erysipelas.—ZELEWSKY has found ichthyol efficacious in every form of erysipelas, and in his opinion it is superior to other remedies. In some cases of migratory erysipelas affecting both sides of the patient's body, he painted one side with Trousseau's solution (acidi tannici, camphoræ, āā 2.0 grammes—31 grains; æther. sulph., 15.0 grammes —$3\frac{3}{4}$ fluidrachms) and the other with ichthyol, the morbid process subsiding much more quickly under the latter treatment than under Trousseau's solution. He prescribed the drug as follows: Ammon. sulpho-ichthyol, spir. æther., āā 1 part; collodi. elastici, 2 parts.—*Iugno-russkaya medic. gazetta*, No. 2, p. 26, 1893.

Reduction of Strangulated Inguinal Hernia by Means of Local Anæsthesia.—WILK advocates ether irrigation as an excellent means for reducing strangulated hernia, and states that in two cases treated with a local application of 4 ounces (124 grammes) of sulphuric ether, 1 every ten minutes, taxis was rendered easy. In both cases the hernia was incarcerated.—*Kronika Lekarska*, No. 5, p. 280, 1893.

Peroxide of Hydrogen for the Prevention of Syphilis and Chancroid.—The experiments of KROWCZYUESKI, UHMA, and SWIATKREWICZ are based upon the fact that the secretions from chancroids and recent syphilides are alkaline, and that soft chancres and especially primary syphilitic ulcers are rare inside of the prepuce, since the normal secretion there is acid. The experimenters, therefore, tried a mixture which was acid and strongly disinfectant without being a caustic agent. Ulcer-secretion was mixed with 1 to 4 drops of a 6- to 8-per-cent. solution of peroxide of hydrogen and inoculated in the forearm. Fourteen out of fifteen such inoculations did not "take," whereas the same persons inoculated with chancre-secretion without the mixture all "took." In a person inoculated with chancre-secretion mixed with peroxide of hydrogen rendered alkaline by potash-lye, a chancre was produced. Inoculations with the secretion from primary syphilitic ulcers and from syphilitic warts mixed with the original acid compound failed. Two healthy physicians allowed themselves to be thus inoculated, and syphilis did not follow.—*Medycyna*, No. 1, pp. 11–12, 1893.

Aneurisms.—GASIOROWSKI relates four cases of aneurism successfully treated by extirpation of the aneurismal sac: 1. A case of aneurism of the external carotid artery. 2. Aneurism of the cubital artery. 3. Traumatic aneurism of femoral artery after amputation of the femur. 4. Traumatic aneurism of the external maxillary artery. The author advocates the extirpation of the aneurismal sac in all cases of aneurism of the extremities.—*Przeglad chirurgiczny*, No. 2, p. 175, 1893.

Gastro-enterostomy for Ulcer and Cancer of the Stomach.—DUORIOR reports three cases of gastro-enterostomy for ulcer of the stomach, in which all the patients were entirely relieved of pain and made an excellent recovery. In another case the patient succumbed to purulent enteritis. The author reviews the subject of gastro-enterostomy, and states that the operation is indicated not only in all cases of cicatricial and malignant stenosis of the pylorus, but often proves a curative measure in hæmorrhages from cardiac ulcers. In 18 cases of gastro-enterostomy, 12 completely recovered and 6 terminated fatally.—*Gazeta Lekarska*, pp. 15–16, 1893.

Sweden.

DR. F. EKLUND,
Brefväxlande Medarbetare
för den
SVENSK MEDICINSK
LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, bocker, afhandligar, monographier a. s. v. torde ett exemplar benäget öfversändas till

DR. ABRAHAM
FREDRIK EKLUND,
Sibyllegatan, 3 A,
Stockholm.

Arsenical Paralysis with Hæmatomyelia and Polyneuritis.—S. E. HENSCHEN and ALBIN HILDEBRAND report the case of a married woman, aged 49 years, who, for the purpose of curing epilepsy, took about half a teaspoonful of arsenious acid. The symptoms which followed agreed perfectly with the clinical picture of polyneuritis, and also presented the symptom complex of arsenic poisoning. Death ensued. The case is notable in the followihg respects: 1. The rapid development of the typical symptom of arsenic poisoning. 2. The fatal issue. 3. At the post-mortem examination a small, tubular hæmorrhage in the gray substance of the left half of

the spinal cord, at the level of the second lumbar nerve, was found. 4. This hæmorrhage might not have caused the paralysis. 5. There was no derangement of the functions of the bladder or rectum. 6. There were no symptoms of such hæmorrhage having been present. 7. There was no apparent alteration in the perception of pains. 8. On the other hand, the paralysis is satisfactorily accounted for by the general polyneuritis. 9. The paralysis was incomplete and almost transitory in the upper, but permanent in the lower, extremities. 10. The larger ganglion cells and the cords of Goll were also manifestly involved in the degenerative process, and many cells were markedly atrophic. 11. Arsenic thus causes, in the human being, simultaneous alteration both of the spinal marrow and the peripheral nerves. 12. The rapid onset of objective symptoms show that the neuritis is not secondary, and the hæmorrhage proves that the spinal cord is actually influenced primarily by the arsenic.—*Upsala lakäreförenings forhändlingar*, vol. xxix, No. 3, pp. 129–147.

Resection of the Liver.—JOHN BERG reports the case of an unmarried woman, aged 45 years, thin and delicate, but not cachectic. A solid, movable tumor, not quite as large as a hen's egg, was felt in the epigastrium. Laparotomy showed this to be a retention cyst, situated toward the anterior portion of the inferior border of the left lobe of the liver. It was removed by two incisions in the base of the "liver-tongue," placed so as to form a wedge-shaped wound surface about ten centimetres in length. There was moderate bleeding, but ligature was unnecessary. Catgut sutures were applied close to one another. Perfect recovery followed.—*Hygiea*, vol. lv, 12, pp. 590–602.

Volvulus of the Sigmoid Flexure.—K. G. LENNANDER reports two cases of this kind treated by laparotomy, reposition, and typhlostomy, and suggests that in all cases of obstruction of the large intestine an artificial anus should be established in the cæcum if it become evident, after washing with a physiological salt solution, that the intestine does not possess a normal power of contraction. Even in resection with immediate suturing of the intestine, as in cancer, the surgeon should be prepared to establish an anus in the cæcum if, owing to the degree of strangulation, the portion of the intestine beyond has not been thoroughly emptied.—*Upsala lakäreförenings forhändlingar*, vol. xxix, No. 3, pp. 175–187.

Salophen.—A. KOSTER has tried this drug in thirty cases of acute articular rheumatism, the results in general being very satisfactory. The remedy proved efficacious in acute muscular rheumatism, and also in neuralgia. As an antipyretic, however, it is not of striking value. Koster prescribes the drug in doses of 4 to 6 grammes (1 to 1½ drachms) daily, in powder, 1 gramme (15½ grains) to the dose.—*Upsala lakäreförenings forhändlingar*, vol. xxix, Nos. 1 and 2, pp. 65–82.

Treatment of Cystitis in the Female.—JOSEPHSON treated twenty cases of cystitis in the female with solutions of silver nitrate, very good results being obtained if no complications were present. In acute cases the amelioration was remarkably rapid, the author believing the morbid process

to have been entirely arrested. In chronic cases the improvement occurred somewhat more slowly. Complications such as pregnancy, pyelitis, or tuberculosis contra-indicate the treatment, but bleeding from the mucous membrane does not. Inveterate cystitis with profound alteration of the mucous membrane or the vesical wall is not influenced. In using the solution the bladder should be syringed out with warm water, and when this returns clear ten cubic centimetres (2½ fluidrachms) of a 2-per-cent. solution of nitrate of silver is injected with a catheter, over the external end of which a rubber tube is drawn, the tube being kept closed for a minute or two, when the precipitate is washed away with water, thus lessening the tenesmus.—*Transactions of the Swedish Medical Society*, September 19, 1893, pp. 179–190.

Psoitis as a Cause of Abdominal Pain.—The observations of E. W. Wretlind lend support to the theory that recurring abdominal pains, agravated by walking and bodily exercise, and confined to the inferior portions of the abdominal cavity, may depend on a chronic inflammation of the psoas muscle due to rheumatism or traumatism, producing an irritation even of the bowels or of their nerves. In one case the author had some reason to suspect spondylitis as a cause. Of five cases of psoitis, one recovered and the others improved by massage, baths, etc.—*Eira*, vol. xvii, No. 20, pp. 607–612.

Patellar Fracture.—Jacques Borelius gives details of 98 cases, of which 39 were treated by massage alone and 38 by immobilization. The length of time required for a cure was, on an average, 36 days by the former and 67 days by the latter method. The treatment by massage is recommended exclusively for cases where there is no primary diastasis or where this is very slight. For all other cases modified immobilization is advisable at least during the first three to five weeks. Puncture of the articulation is indicated in cases where it is filled with blood, which cannot be influenced by other treatment. In the severest forms of subcutaneous patellar fracture, where the diastasis is considerable and the hæmorrhage profuse, bloody operation and suture are necessary to clear the joint and surrounding parts of blood and coagula. The results of such operations, however, are not good; of 17 cases, death ensued in 2, infection and suppuration in 2, while the knee-joint was punctured in 4 cases. A bloody operation with freshening of the fracture and suture is indicated where a repetition of the fracture occurs.—*Hygiea*, vol. lv, No. 12, pp. 567–587.

Clinical Notes.

Ichthyol in Nephritis.—Dr. Robert Coltman, Jr. (corresponding editor), of An Ting Hospital, Peking, China, writes as follows:—

"Ichthyol has proved in my hands an invaluable agent in the treatment of three cases of nephritis, the details of which are here given:—

"Case I. Man, aged 25 years. Wang Ssu, employé of government

cash mint, entered hospital last April with general dropsy; eyelids swollen so that patient could scarcely open them; limbs swollen enormously; large collection of fluid in the abdomen. Urine became solid on boiling in a test-tube. Gave 1 drachm (4 grammes) of compound jalap-powder morning and evening for three days, then 3 compound cathartic pills three times daily for three days more. This produced free catharsis, and the limbs and face became more sightly. He was then placed on compound scillæ pills, 2 three times daily, with an occasional dose of compound jalap-powder. In May the abdomen was tapped with an ordinary trocar and 400 ounces (12 litres) of clear fluid drawn off. Between May and September he was tapped again on three different occasions. On September 23d, his abdomen being again distended, limbs swollen, and general condition bad, I decided to try ichthyol as a last resort, without having any faith in it. I gave him 1 drop in water three times daily. Almost immediately the flow of urine markedly increased, the albumen diminished, the dropsy rapidly disappeared, and on October 10th he was dismissed apparently well, although the urine still showed traces of albumen. As little more than a month has elapsed, at the time of this report I cannot say how permanent the improvement will be.

"Case II. Man, aged 45, shop-keeper. Has been treated as a dispensary patient for over a year for nephritis, with dropsy of the legs. On October 15th I began to give him ichthyol, in drop doses, three times daily. On October 25th he was entirely free from dropsy, and the urine, which before was markedly albuminous, scarcely showed a trace. He is still on ichthyol, the dose being reduced to $\frac{2}{3}$ drop twice daily.

"Case III. Young man, aged 18. Presented himself on October 28th, with dropsy of abdomen, legs, and scrotum. Urine markedly albuminous. Gave ichthyol, $\frac{2}{3}$ drop, largely diluted with water, three times daily. November 4th, dropsy entirely gone, urine free from albumen, general condition much improved. Continued ichthyol, in $\frac{1}{3}$-drop doses, to be taken for ten days longer."

The Medical Care of Children.—In his presidential address, at the opening meeting of the Dublin University Biological Association, Dr. Henry C. Drury spoke of the importance of this subject, as manifested by the great infant mortality in large towns and cities. Taking for comparison the general mortality of the population at the high figure of 25 per 1000, the mortality amongst infants in the first year of life reaches the fearful figure of 200 in every 1000 born (Henoch). No doubt much of this is quite inevitable, but no doubt, also, an enormous proportion is due to preventable causes. Two principal factors influence this great death-roll: one, the natural development of the child's body, tending to evoke pathological changes in the nervous system, glands, skeleton, etc.; the other, the condition of the child's surroundings,—want of care, foul air, bad feeding, cold, hunger, inherited diseases, illegitimacy. The author believes, however, that much of this mortality is preventable by judicious medical treatment and by the better education of mothers and daughters.

In the treatment of children observation must be our chief reliance. The complexion may be clear and delicately tinted, though pallid, as in the

tubercular. If cyanosed, it suggests a respiratory cause; a leaden or earthy tint, especially with great pallor about the upper lip, will frequently be found with gastro-intestinal trouble; the swarthy (*café au lait*), though pallid, face may put us on our guard for syphilis; in the spasmodic stage of whooping-cough the face becomes swollen, often ecchymosed, the eyelids puffy, the conjunctiva congested and blood-shot; the sunken, vacant eyes, with dark areola around them, indicate great collapse.

The expression of the face will not infrequently indicate even the seat of disease; so much so that Jadelot has pointed out the following lines in the infant face which, by their position, indicate the seat of derangement: 1. The *oculo-zygomatic line*, from the inner canthus of eye downward and outward to the cheek, a little below the malar eminence, pointing to derangement of the brain and nervous system. 2. The *nasal line*, from the upper part of the ala nasi, curving downward and outward around the corner of the mouth; said to be never absent in gastro-intestinal derangement. 3. The *labial line*, beginning at the angle of the mouth and running downward and outward, generally accompanied by rapidly-moving nares; a fairly trustworthy sign of diseases of the lungs and air-passages.

The child's attitude should also engage attention. A healthy infant lies with limbs semiflexed, and, if on his back, inclines one cheek to rest on the pillow. When the limbs and trunk are rigidly stretched out, tetanus is suggested; when unconscious, or in great weakness and prostration, the child will be found lying flaccid on his back, with face to ceiling. If found on his side, curled up and with head retracted, a frown will probably be seen, together with the oculo-zygomatic line, suggesting cerebral irritation, or, if there is opisthotonos, spinal irritation. If there is intolerance of light, as in cerebral irritation, the face will be buried in the bed-clothes. In abdominal discomfort or in rickets, the child persistently lies on his face, or even rests on elbows and knees.

As regards the cry, some information may also be gained here. Sharp, violent fits of crying, with vigorous movements of the legs, usually indicate colic; the sudden, sharp, single, piercing cry uttered at intervals, while the patient lies in a stupid, drowsy, semiconscious state, is but too suggestive of meningitis; while the hoarse, grating cry of syphilis is characteristic. In contrast to these, note when the child does not cry, as in profound weakness brought on by diarrhœa, and in grave pulmonary affections where the breath is too precious.

Lastly, we should note both suction and deglutition. Dyspnœa and acute fever cause suction to be performed in short snatches; syphilis also necessitates pauses for breathing. In thrush or ulceration, suction and deglutition are evidently performed with great pain; if the throat be sore, there is frequent cough and noise in deglutition. In great prostration, if the child swallow at all, it is a hopeful sign.—*Dublin Journal of Medical Science*, January, 1894.

Oxygen.—Dr. G. Newton Pitt states that there are various conditions of extreme gravity which may be successfully combated by the inhalation of oxygen, as in some cases of severe pneumonia, especially when there is

much lividity and cardiac affection, and at the crisis. It fails in other cases, and he is inclined to suggest that, where the condition is mainly cardiac failure and collapse, more benefit may be obtained than in cases where the serious condition is especially due to a wide-spread œdema or bronchitis. Some cases of severe bronchitis and asthma have, however, been benefited by it. In one of acute upon chronic bronchitis, in an elderly patient, there was some, though not very marked, relief of the dyspnœa. In cases of empyema, pneumothorax, and pleuritic effusion, great relief can be afforded to the dyspnœa and cardiac failure until operative measures are undertaken. Feeble patients with phthisis may be relieved, but seldom with any marked change. Weakly convalescents and feeble cardiac cases often derive great benefit, and inhalations may be given periodically for weeks; but oxygen will not restore health,—it must simply be used as an adjuvant. Cases of chlorosis, pernicious anæmia, and leucocythæmia receive great temporary benefit, but the oxygen must be supplemented by other drugs. Conditions of asphyxia and lividity from respiratory engorgement, due to cerebral failure, and also coma from various causes, may be relieved. Its value in uræmia, though insisted upon by French writers, is still problematical. It may be of value in diminishing the risks of anæsthesia.—*Medical Press and Circular*, January 24, 1894.

Cardiac Murmur in the Pyrexia of Children.—Sir Benjamin Ward Richardson has observed for many years a cardiac murmur in children suffering from inflammatory or epidemic disease. These cases are fairly typical, and are illustrated by a patient whom the author saw during the acute stage of measles. There was a loud, sharp, but musical systolic murmur, the fever being at 101.5° F. (38.6° C.). This abnormal sound was due to increased tension of the bicuspid and tricuspid valves under the influence of high temperature and quickened cardiac action. It is a common phenomenon, and not to be seriously feared. Dr. Richardson has also observed the same murmur in healthy children after the circulation has been quickened by moving. The valves in the heart of the young are very elastic and very resonant, while the chest-wall is like a sounding-board. Overtension of the valves, therefore, causes a musical murmur. The same is true of adolescents to some extent. When there is real mischief in the heart in children, other symptoms will indicate it, as pain in the cardiac region, irregularity of cardiac movement, difficulty of respiration, or the rheumatic symptoms.—*Asclepiad*, 3d Quarter, 1893.

Recent Suggestions in Therapeutics.

Asiatic Cholera.—Two or three tumblerfuls daily of infusion of black coffee, strong and hot, causes improvement in patient's condition, increases secretion of urine and strengthens pulse. (Prof. D. P. Duebelier, *Vratch*, No. 42, 1893.)

Diphtheria.—One-half to 1 teaspoonful *sp. turpentine* four times daily. Also, *Tr. ferri mur.*, ℥j (31 grammes); *potass. chlorat.*, ℥iss (6 grammes); *ac. mur. dil.*, ℥ij (8 grammes); *glycerin*, q. s. ad ℥iv (124 grammes). Teaspoonful every three hours; swab throat with mixture. (C. Ferdinand Durand, *Archives of Pediatrics*, January, 1894.)

Acetous vapor, applied by the author in one case as follows: One quart (litre) of *malt-vinegar* placed in a steam-kettle on fire, pouring a stream of vapor into the room; the child was covered by an umbrella to focus the steam; tonsils and pharynx painted with brandy every two minutes until cough, expectoration, and drowsiness occurred. (W. A. Greet, *British Medical Journal*, January 27, 1894.)

Calomel, 1 to 5 grains (0.065 to 0.32 gramme), every five hours according to age of patient; catharsis checked by *Dover's powder*. (W. R. McMahan, *Northwestern Lancet*, January 15, 1894.)

Corrosive sublimate solution, 1 to 2 per 1000; Laplace's solution (*corrosive sublimate*, 1; *tartaric acid*, 5; to water, 1000); or, *corrosive sublimate*, 1; common salt, 6; water, 1000; 2 drachms (8 grammes) every four hours used as a spray; gargle with *thymol*, *boric acid*, or lime-water. (Escherich, *Wiener klinische Wochenschrift*, vol. vi, 1893.)

Dysmenorrhœa.—If congestive or inflammatory, *citrate of iron* and *quinine*, 1 gramme (15½ grains); alcohol (90 per cent.), 10 grammes (2½ fluidrachms); water, 190 grammes (6 fluidounces); one teaspoonful before meals in a little water or white wine, during intermenstrual period, During period, *salicylate of soda* and *analgesin*, āā 0.15 gramme (¼ grain) every two hours, alternated with tincture *viburnum prunifolium*, 2 grammes (31 minims); *Elixir of Garus*, 30 grammes (1 fluidounce); syrup of *peppermint*, 15 grammes (3¾ fluidrachms); distilled water, 100 grammes (3¼ fluidounces). If pain be intense, with excitement and insomnia, give, at bed-time, *hydrate of chloral* and *bromide of strontium*, āā 6 grammes (1½ drachms); tincture of *cannabis Indica*, 15 drops; syrup of orange-peel, 60 grammes (1¾ fluidounces). Tablespoonful in a little fresh water, second dose during night if necessary. If stomach is fatigued, injection of *chloral hydrate*, 4 grammes (1 drachm), and water, 200 grammes (6½ fluidounces). Opium not to be employed in women with tendency to constipation, as it increases tympanites and dyspeptic symptoms. If absolutely necessary, use following injection: *Laudanum* (Sydenham's), 20 drops; *pulverized camphor*, 0.20 gramme (3¼ grains); yelk of egg, 1; water, 200 grammes (6½ fluidounces). To be administered at night three hours after last meal.

If membranous, above injection each evening, or tincture of *asa-fœtida*, 5 grammes (1¼ fluidrachms); tincture of *belladonna*, 20 drops; *laudanum* (Sydenham's), 10 drops; lukewarm water, 100 grammes (3¼ fluidounces). Every four hours until flow appears, vaginal injection of water at 45° C. (113° F.), 2 litres (quarts); essence of *thyme*, 20 drops. (A. Lutaud, *Journal de Médecine de Paris*, December 31, 1893.)

Epilepsy.—Injection to be given in intervals of attacks: *Chloral*, 2 grammes ($\frac{1}{2}$ drachm); *bromide of potassium*, 2 grammes ($\frac{1}{2}$ drachm); yelk of egg, 1; water, 200 grammes ($6\frac{1}{2}$ ounces). If due to syphilis, general treatment: *mercurial frictions*, 6 grammes ($1\frac{1}{2}$ drachms) of ointment daily for three weeks or longer, with *iodide of potassium* in progressive doses (2, 8, 10 grammes—$\frac{1}{2}$, 2, $2\frac{1}{2}$ drachms—daily). When epileptic symptoms cease, mixed treatment: for one month, 3 mercurial frictions with *iodide of potassium;* for two months, after meals, a tablespoonful of the following mixture: *Bromide of potassium*, 30 grammes (1 ounce); *phosphate of sodium*, 20 grammes (5 drachms); *bitter orange-peel, vin de Lunel*, each 250 grammes (8 ounces). If menstrual, *antipyrin*, 0.75 gramme (12 grains); *bicarbonate of sodium*, 0.25 gramme (4 grains); for 1 cachet,—3 daily, 1 in six hours. *Digitalis*, 0.15 to 0.25 gramme ($2\frac{1}{4}$ to 4 grains) of powdered leaves, to be added if there is arterial hypotension; injections of 10 drops of *laudanum* for abdominal pain. (Lemoine, *Revue générale de clinique et de thérapeutique*, p. 626, 1893.)

Opium treatment as prescribed by Flechsig: *Extract of opium*, 15 grains (1 gramme) daily for six weeks; then *bromide*, 30 grains (2 grammes) four times a day. (De Garmo, *Post-Graduate*, January, 1894.)

℞ *Potass. bromidi*, ℥ss (16 grammes); *tinct. belladonnæ*, ℥iij (12 grammes); *infusi gentianæ co.*, ad ℥viij (248 grammes). M. Sig.: Cap. ℥ss (15 grammes) ter in die. ℞ *Camph. monobrom.*, gr. xlviij (3 grammes); *ext. gentianæ*, q. s. ut ft. massa, et div. in pil. no. xij. Sig.: Cap. unam hora somni. (Prof. D. Campbell Black. *British Medical Journal*, January 6, 1894.)

Erysipelas of Limbs.—Patient anæsthetized, affected parts incised, fluid pressed out, and 60-per-cent. ointment or solution of *ichthyol* rubbed into wounds A layer of ointment is applied, covered by gauze or wool, and limb suspended vertically. Dressing changed twice daily. (Felsenthal, *Zeitschrift für Kinderheilkunde*, December, 1893.)

Facial, of the petechial, copper-colored type: Local applications of *ichthyol* ointment. General treatment: Cold baths, methodically given, milk and alcohol forming part of diet; if cardiac symptoms, injections of neutral *sulphate of sparteine*, 0.10 gramme ($1\frac{3}{4}$ grains) in twenty-four hours, divided in three doses. (Juhel-Renoy and Bolognesi, *Archives générales de médecine*, January, 1894.)

Local applications of *compresses* soaked in solution of *corrosive sublimate*, 1 to 1000, as hot as patient can bear, renewed as often as possible. *Sulphate of quinine* internally; diet of soup and milk. (E. L. Labanowski, *Archives de médecine et de pharmacie militaires*, January, 1894.)

Pilocarpine, $\frac{1}{6}$ grain (0.01 gramme) by injection, with from 15 to 30 minims (1 to 2 cubic centimetres) of fluid extract of *pilocarpus* three times daily. In cases marked by general asthenia or cardiac degeneration, *quinine* and *iron*, with topical applications of *ichthyol* ointment. (A. A. Eshner, *Philadelphia Polyclinic*, January 13, 1894.)

Creasote, 2 drops in *acacia emulsion*, 1 ounce (30 grammes) internally every three hours, in teaspoonful doses; *lead-water* and *laudanum* externally. Improvement in two days; complete cure in five days. (J. W. COLLINS, *Columbus Medical Journal*, December, 1893.)

Erysipelas of the Newborn.—Sprays and hot applications of *boric acid*, with injection twice daily of 20 grammes (5 fluidrachms) of salt water or *artificial serum* into subcutaneous cellular tissue. (LEMAIRE, *Thèse de Paris*, 1893).

Guaiacol.—Of value in various infectious diseases of children. To lower febrile temperature, 2 to 3 grammes ($\frac{1}{2}$ to 1 drachm) externally on anterior surface of superior extremities. Effect lasts from four to six hours, accompanied by more or less abundant perspiration. No untoward effects, but, being as yet in the period of probation, caution in its use is recommended. (FEDERICI, *Revue mensuelle des maladies de l'enfance*, January, 1894.)

Iodoform.—Formulæ in use by author. *Iodoform gauze:* Soak a piece of gauze, ten metres in length, previously sterilized by boiling in following solution: *Sulphuric ether*, 700 grammes (22$\frac{1}{2}$ fluidounces); *glycerin*, 100 grammes (3$\frac{1}{4}$ fluidounces); *iodoform*, 50 grammes (1$\frac{1}{2}$ fluidounces). Wring out and hang up in dark room at temperature of 30° C. (86° F.). *Ethereal solution of iodoform for injections: Sulphuric ether*, 95 or 90 parts; *iodoform*, 5 or 10 parts. *Iodoform vaselin: White vaselin*, 90 to 97 grammes (3 to 3$\frac{1}{4}$ ounces); *triturated iodoform*, 10 to 3 grammes (2$\frac{1}{2}$ to $\frac{3}{4}$ drachms). *Iodoform collodion: Collodion*, 10 grammes (2$\frac{1}{2}$ drachms); *iodoform*, 1 gramme (15$\frac{1}{2}$ grains). *Hard iodoform crayons* (formula of the Bichât Hospital): *Powdered iodoform*, 10 grammes (2$\frac{1}{2}$ drachms); *gum tragacanth*, 0.50 gramme (7$\frac{3}{4}$ grains); pure *glycerin*, sterilized water, āā q. s. as little as possible. *Soft iodoform crayons: Iodoform*, 8 grammes (2 drachms); *gelatin* or *cacao-butter*, 2 grammes (31 grains). (TERRIER, *L'Union Médicale*, December 30, 1893.)

Meningocele Removed by Operation.—Child about 6 weeks old. Tumor three and one-half inches in height, eight and one-half inches in circumference at largest part. Slight hydrocephalic enlargement of head. Base of tumor and adjacent scalp shaved and cleansed antiseptically; 5 ounces (155 grammes) of clear fluid withdrawn. Skin divided by two curved incisions at base, separating tumor slightly from meninges, which were transfixed, and cut across to a similar on either side. In doing so a small slice of brain-substance was removed. Several small vessels ligated, owing to hæmorrhage. Membranes and skin united separately by carbolized-silk sutures, wound dressed with dry lint, firm support being maintained by several strips of Mead's plaster. Sutures from membranes and ligatures removed on eighth day. Ten months after operation, child well-nourished, stout, bright, and in perfect health, except that hydrocephalus has markedly increased. (P. H. MACGILLIVRAY, *Australian Medical Journal*, October, 1893).

Migraine.—When due to anæmia: *Phenacetin*, 10 grains (0.65 gramme); *sodium bicarbonate*, 10 grains (0.65 gramme). M. ft. 1 chart. (De Garmo, *Post-Graduate*, January, 1894.)

Rheumatism.—Compresses soaked in solution of *salicylic acid*, 20 grammes (5 drachms); alcohol, 100 grammes ($3\frac{1}{4}$ ounces); *castor-oil*, 200 grammes ($6\frac{1}{2}$ ounces), night and morning, to affected joints. Addition of 5-per-cent. *chloroform* sometimes useful. *Salicylic acid* present in urine twenty minutes after application of compresses. (Ruel, *Revue Médicale de la Suisse Romande*, No. 8, 1893.)

When not desirable to give *salicylic acid* internally, give by rectal injection through the œsophageal tube, passed eight inches into rectum: 90 to 120 grains (6 to 8 grammes) *sodii salicyl.*; 25 minims (1.6 grammes) *tinct. opii;* 3 ounces (93 grammes) water. (Erlanger, *Deutsches Archiv für klinische Medicin*, B. li, H. 2 and 3.)

Electricity, as follows: When joints are painful, current of 10 to 20 milliampères, in various directions, from ten to twenty minutes. When motion is difficult and muscles are wasting, negative pole to muscles and nerves, interrupting current frequently to cause contraction. Tender points touched with positive pole and constant current or faradic brush every two or three minutes. (Massy, *Archives d'Electricité Médicale*, November 15, 1893.)

Acute Articular: *Asaprol*, in cachets of 0.50 to 1 gramme ($7\frac{3}{4}$ to $15\frac{1}{2}$ grains), or solution of *asaprol*, 15 grammes ($\frac{1}{2}$ ounce); water, 250 grammes (8 fluidounces). From 3 to 6 teaspoonfuls in twenty-four hours, in sweetened water flavored with *anisette* or *curacao*. Excellent results in 15 cases of acute and 21 cases of subacute rheumatism.

The following may also be employed in suitable cases: *Salicylate of sodium*, 15 grains ($\frac{1}{2}$ ounce); water, 250 grammes (8 fluidounces). From 4 to 8 tablespoonfuls in twenty-four hours in sweetened water, to which a small quantity of brandy, cherry cordial, or rum has been added. If but 4 grammes (1 drachm) of *salicylate of sodium* are given daily, doses every four hours; if 8 grammes (2 drachms), every two hours. *Diuretics* to facilitate elimination of drug. Continued in doses of 2 to 4 grammes ($\frac{1}{2}$ to 1 drachm) for ten days, to prevent relapse. (Dujardin-Beaumetz, *Bulletin général de Thérapeutique*, January 15, 1894.)

Tabes Dorsalis.—For lightning pains, *phenacetin*, 0.50 gramme ($7\frac{3}{4}$ grains) in wafers every half-hour until 4 grammes (1 drachm) have been given. If not well borne, *phenozone* hypodermatically, or *hydrochlorate of morphine* combined with *sulphate of atropine* hypodermatically. (Grasset, *Journal de Médecine de Paris*, No. 48, 1893.)

Traumatic Tetanus.—*Chloral*, 7 grains (0.45 gramme) hourly, with 4 drops of freshly-prepared fluid extract of *calabar-bean* every two hours, brought about recovery in five weeks in a boy of 10 years. (Radcliffe, *Medical Press and Circular*, January 3, 1894.)

Whooping-Cough.—*Bromoform*, lauded by various authors in this affection, may cause toxic symptoms unless care be observed in its administration. The last dose in the bottle may, owing to the weight and insolubility of bromoform, contain an excess, no matter in what way it may be suspended. This last dose, therefore, should be thrown away, or the drug supplied in a pure form, the nurse being instructed to supply each dose separately. (F. W. BURTON-FANNING, *British Medical Journal*, January 6, 1894.)

Hydrochlorate of quinine, three times daily, at 6 A.M., 2 P.M., and 10 P.M. Dose, 0.01 gramme ($\frac{1}{6}$ grain) for each month of child's age, 0.10 gramme ($1\frac{3}{4}$ grains) for each year; not more than 0.40 gramme (6 grains) for child of 4 years. When improvement occurs, reduce to two doses daily; after complete cure, one dose at night for some time. Of special value when pulmonary complications are present. (BARON, *Annales de la Société médico-chirurgicale de Liége*, December, 1893.)

Phenacetin, 8 grains (0.52 gramme); *glycerin*, 3 ounces (93 grammes). Half a teaspoonful to a child 1 year old every two hours until paroxysms become fewer and less intense. (G. G. THORNTON, *Medical Brief*, February, 1894.)

Monographs Received.

The editor acknowledges, with thanks, the receipt of the following monographs:—

Recent Progress in Electro-Gynecology, by *G. Betton Massey*, Philadelphia.——Prevalent Errors in the Treatment of the Diseases of Women, by *G. Betton Massey*, Philadelphia.——The Pathological Signification of Immunity, by *A. L. Chapman*, Kansas City, Mo.——Eight Cases of Syphilitic Stenosis of the Larynx, caused by Web Formation, Operated by my Method of Combined Tubage and the Knife, *J. Mount Bleyer*, New York City.——Manifestations Spinales et Névroses (Hysterie) dans la Blennorrhagie, par le *Dr. Lucien Raynaud*, Clermont (Oise), France.——The Measured Effects of Certain Therapeutic Agents, by *D. D. Stewart*, Philadelphia.——Report of Leprosy and the Trinidad Leper Asylum for the year 1892, by *Beaven Rake*, London.——Rendiconti dell'Anno Scolastico 1892–93, Dispensario di Laringojatria della R. Universita de Napoli nell'Ospedale Clinico, diretto dal *Prof. F. Massei*, redatto dal *Dott. A. Frifiletti*, Naples, Italy, 1893.——Horse-hair in Minor Surgery, by *C. O. Thompson*, Boston, Mass, 1893.——A Report of Three Recovered Cases of Asphyxiation from Illuminating Gas, by *J. Mount Bleyer*, New York City, November, 1993.——A New Pathology and Treatment of Nervous Catarrh, by *Seth Scott Bishop*, Chicago, Ill., 1893.——Contribuzione alla Istologia Patologica, Etiologia e Patogenesi del Condiloma Acuminato, Richerche Sperimentali, per i *Dottori Augusto Ducrey* e *Mario Oro*, Naples, 1893.——Contribuzione allo Studio dell'Erythrasma, Richerche Cliniche e Sperimentali, per i *Dottori Augusto Ducrey* ed *Antonio Reale*, Naples, 1893.——Arsberättelse (den Fjortonde) fran Sabbatsbergs Sjukhus i Stockholm for 1892. Afgiven af *Dr. F. W. Warfvinge*.——La Responsabilidad en las Histéricas, *Dr. A. Velazquez-de-Castro*, Granada, Spain, 1893.——De l'influence des tractions linguales sur certaines aphonies nerveuses. Par le *Dr. C. M. Desvernine*, Havana, 1893.

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How can the temperature be taken rapidly in such a manner as to prevent deception? i. H-4.

What special characteristic differentiates the influenza bacillus from other forms of bacteria? i. H-9.

What relation has been observed between the weather and epidemics of influenza? i. H-11.

What is the longest period of incubation of influenza recorded? i. H-11.

What special forms of pneumonia have been observed to accompany or follow influenza? i. H-12.

What complication has been observed to be most fatal in influenza? i. H-17.

What is supposed to be the cause of abortion in influenza? i. H-20.

What are the morbid appearances of the liver in typhoid fever? i. H-29.

Why is typhoid fever of a milder type in children than in adults? i. H-32.

What are the most recent conclusions as to the value of Ehrlich's test? i. H-35.

What is the general opinion as to the use of antipyretic drugs in typhoid fever? i. H-53.

What are some of the dangers of antipyretics? i. H-56.

How can antisepsis best be secured in typhoid fever? i. H-53, 54.

What special organism has been observed in the blood, spleen, and viscera in typhus fever? i. H-61.

How may a paroxysm of malarial fever be predicted with certainty? i. H-64.

To what two processes may the injurious effects of malaria be ascribed? i. H-64.

What changes in the crescentic bodies have been observed in pernicious intermittent fever? i. H-64.

What is the life-history of the hæmatozoön of malaria? i. H-65.

What form of malarial fever is most common among the negroes of the West Indies, and what treatment is sufficient to check it? i. H-69.

What are the varieties of masked malaria, and how best treated? i. H-69.

What forms of paralysis are met with in malaria? i. H-72.

What is the special action of quinine upon the parasite of malaria in its different stages? i. H-75.

Why has quinine been condemned in malarial hæmaturia? i. H-76.

What influence has variola been observed to possess over the genital functions of women? i. H-82.

What is the differential diagnosis between typhoid and typho-malarial fever? i. H-93.

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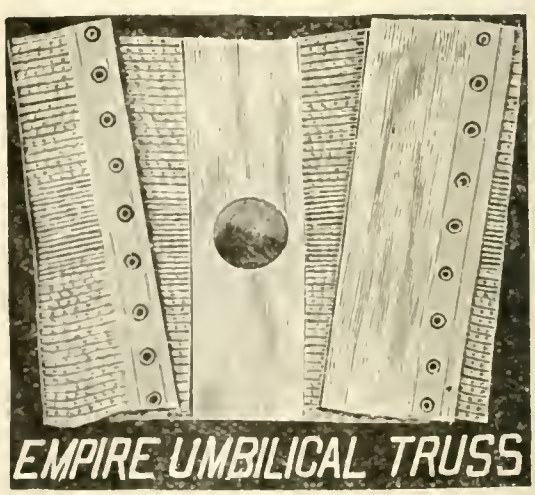

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The *Times and Register* of this city, in its issue of February 17th, contains a very favorable article of Creasote Carbonate, by William S. Gottheil, M.D., of New York, which we are sorry, owing to the lack of space, we are unable to reproduce in this number. Dr. R. W. Wilcox, Professor of Clinical Medicine and Therapeutics at the New York Post-Graduate Medical School and Hospital, in a paper read before the Lenox Medical Society, on January 12, 1894, also spoke very highly of Creasote Carbonate.

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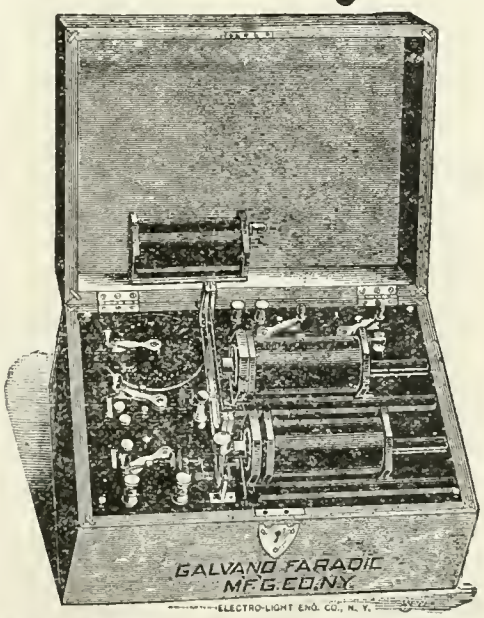

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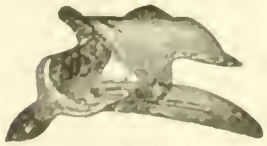

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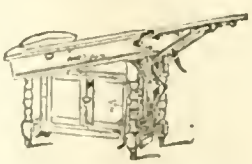

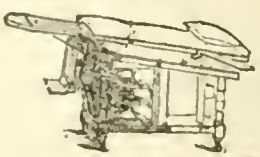

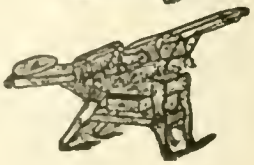

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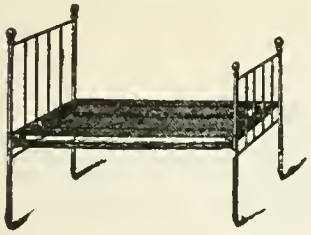

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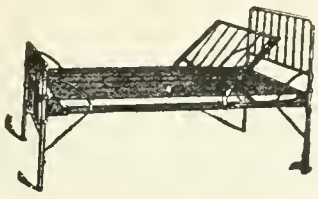

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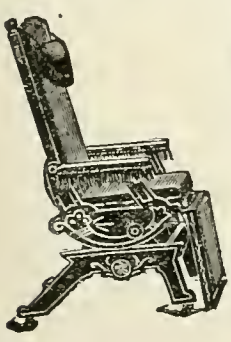

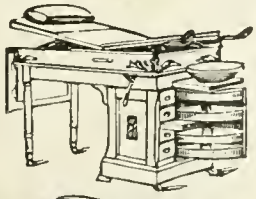

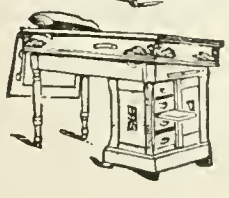

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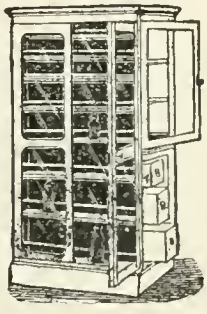

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Dr. Murrell, of the Royal Hospital for Diseases of the Chest, London, states as follows:—"Myrtus Chekan I have tested in fifteen cases of chronic bronchitis, all the patients, with one exception, being men. The age of the woman was 51; the ages of the men ranged from 36 to 58. They were all bad cases, most of them of many years' duration. Many of them had been attended at the hospital for some considerable time, and almost without exception they had in former years undergone much medical treatment with comparatively little benefit. Their occupations exposed them to cold and wet and draught, and in some instances they had the additional disadvantage of working in a dusty atmosphere. They complained chiefly of paroxysmal cough, with thick, yellow expectoration, and much shortness of breath on exertion. On physical examination of the chest, emphysema was detected, with or without a little rhoncus of the bases behind. *They were, in fact, ordinary cases of winter cough.* The fluid extract of Chekan was ordered in two-drachm doses in a little water every four hours, the dose being usually increased at the expiration of a week to half an ounce. The medicine was always taken without difficulty. In all cases the patient obtained some benefit, and in most instances the relief was very marked. There was in a few days a decided improvement in the cough, expectoration was from the first easier and soon diminished in quantity, and finally the dyspnœa was less."

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Selections from Society Proceedings.

AUSTRIA.

K. K. Gesellschaft der Aertzte in Wien.

Meeting of January 5, 1894.

Hæmatic Pressure.—Dr. S. Federn discussed the different forms of blood-pressure, chief among which he enumerated resistance in the peripheral nerves. Occasional high pressure may give rise to no ill consequences, but when it becomes chronic or continuous dangerous results are to be expected. The splanchnic nerve is a potent factor in its production. In the young resistance is due to nervous disorders, in the old to asthma. Valvular insufficiency is a relative factor. The commonest cause is by irritation of the splanchnic nerve, through atrophy of the intestine in chronic and through constipation in acute cases. The speaker recommended purgatives when constipation was present, and faradization of the bowel in chronic cases.

Intubation in Diphtheria.—Dr. A. Schlossarek showed a manikin for the performance of intubation according to O'Dwyer's method.

Dr. Grossmann claimed that intubation had been known in Vienna for more than twenty years. He believed that, while it afforded temporary relief, there were often serious consequences from the introduction of a tube into so inflamed a canal.

Dr. Eisenschütz, on the other hand, considered it an immense improvement over tracheotomy and a great step in advance in medicine.

Hofrath Wiederhofer believed that Dr. O'Dwyer had rendered great service to science. In 15 or 20 per cent. of cases of stricture of the larynx relief could now be obtained within twenty-four hours.

Professor v. Schrötter stated that, in 1860, he had employed in about

one hundred cases an instrument similar to that of O'Dwyer's; and, while he regards the method as valuable, it must be admitted that in many cases it is useless.

Influence of Chloroform on Osteomalacia.—Dr. Latzko, in presenting a patient who had quite recovered from this disease after chloroform anæsthesia, stated that he had carefully studied 7 cases, and had come to the conclusion that Petroni was in error in believing that nitrites were always present in the urine. He had treated 10 cases simply by anæsthesia with chloroform, 1 patient remaining unaffected, 2 being but slightly and 7 decidedly improved. This improvement, however, was but temporary, only 1 case seeming to be permanently benefited. This patient had been anæsthetized seven months previously, all subjective and objective symptoms disappearing, the pelvis becoming quite solid. The author believes that some modification of the chloroform treatment may bring about cure in osteomalacia.—*Deutsche medizinal-Zeitung*, February 8, 1894.

Meeting of February 23, 1894.

Pathogenesis of Locomotor Ataxy.—Professor Obersteiner gave the results of some researches upon this subject which he had undertaken with Dr. Redlich. From sections of the cord at the level of the posterior roots, they had found that there was a twisting of the latter at their point of entrance into the cord. This strangulation must be an important factor in the pathogenesis of tabes, which, Professor Obersteiner believed, had its primary origin in a meningitis, causing compression of the posterior roots, soon followed by their degeneration. This theory is in accord with the clinical picture of tabes, and with the relation of syphilis to that disease, since syphilis tends to produce sclerosis of the connective tissue and vascular lesions, these latter, with the proliferations of pachymeningitis, being the cause of the compression. Naturally, all diseases which lead to meningeal lesions and arterio-sclerosis may also determine tabes, and all cases of the disease should therefore not be attributed to syphilis.

From a therapeutic stand-point, the researches of the authors show the usefulness of antisyphilitic treatment in recent cases of locomotor ataxy, as well as the reason for the temporary improvement of certain symptoms observed after treatment by suspension and elongation of the nerves.—*Internationale klinische Rundschau*, March 4, 1894.

Wiener medicinischer Club.

Meeting of February 28, 1894.

Melanosarcoma of the Tonsil.—Dr. Eisenmenger presented a 53-year-old woman with a slightly-mobile, circumscribed tumor behind the angle of the jaw. It was a melanosarcoma of the right tonsil, and had been followed by metastases of the internal organs. Melanin and melanogen were found in the urine. Examination of the blood gave negative results. The author stated that it was the first known case of melanosarcoma of the tonsil, although the disease had frequently been observed on the vault of the palate.

Meeting of February 21, 1894.

Acute Atrophy of Liver with Portal Thrombosis.—Dr. Foges showed a preparation from a case of acute atrophy of the liver with thrombosis of the portal vein. The patient, a soldier, had entered hospital with dyspnœa, intense pain in the epigastrium, and œdema, while albuminuria was found in the urine, and the conjunctiva were icteric. Death followed rapid collapse. At the autopsy there was found, besides yellow and red atrophy of the liver, a nephritis, numerous hæmorrhages, and infarcts in the liver, spleen, etc., with thrombosis of the portal vein and its left hepatic branch. It was evident that the renal disease was the primary affection.

Relation of Diseases of the Skin to those of the Internal Organs.—Professor Kaposi does not believe that acne is always dependent upon digestive troubles, but claims that, while certain forms are due to a general depression in nutrition, others are the result of cachexia, emotion, etc. Urticaria is not always of gastric origin, as evidenced by the fact that the mere sight of certain articles of food will produce it in some cases. Erythemata are often the result of infection, while others depend upon some affection of the uterus or ovaries. Recurrent eczema, so frequently attributed to an alteration of the blood, is generally due to a simple depression of nutrition. In chlorotic subjects it may become the starting-point of mycosis fungoides. Although Professor Kaposi has observed more than three hundred and fifty cases of pemphigus, he has been unable to determine the origin of the affection. He has seen seventeen cases of herpetigo herpetiformis in pregnancy. He has also observed a case of elephantiasis Arabum, usually attributed to the presence of filaria in the blood, in which these latter were entirely absent. Lupus erythematosis is also due to depressed nutrition; senile pruritus, so often supposed to be due to digestive troubles, should be regarded as the result of atrophy of the skin. Pruritus in the adult is often associated with glycosuria and albuminuria, genital affections, or simple emotion. He therefore believes it wrong to attribute all pruritus, in a general way, to digestive disturbances.—*Internationale klinische Rundschau*, February 25, March 4, 1894.

Wiener medicinischer Doktoren-Collegiums.

Meeting of February 26, 1894.

Gumma of the Penis.—Docent M. v. Zeissl presented sketches of three syphilitic tumors of the penis. In the first case the gumma had developed on the dorsal surface, near the glans, and its point of departure could be followed from one side of the frenum to the other in the lymphatic vessels. The patient had also left inguinal adenitis. Recovery followed the use of antisyphilitic remedies. In the second case the tumor had developed in the cavernous tissue, and was also cured; in the third case it appeared in the vessels in the dorsal region of the penis. The author stated that in another case he had observed gummatous tumors occurring seventeen years after the primary infection. Treatment by the iodides was instituted, and the patient had afterward shown no symptoms of syphilis.

Meeting of February 19, 1894.

Diverticula of the Bladder.—Professor Englisch discussed this subject at length, dividing diverticula of the bladder into two groups: (1) those formed at the expense of all the layers of the vesical wall, constituting true diverticula; (2) those in which the mucous membrane alone is involved, the muscular walls not being affected, and which may be called bladder-cells. Diverticula are usually formed where there is a weakness of the bladder-walls, and are caused by some obstruction at the internal urethral orifice; they are frequently met with in infants, being here congenital. The second class are formed by penetration of the mucous membrane through the muscular trabeculæ, and generally occupy the posterior and lateral walls of the bladder. The condition may be diagnosed by digital examination and catheterism, the former being made when the bladder is full. It will then be seen that its apex is not as high as usual, but that it is much wider. Micturition is performed in two stages, in the first of which the urine is clear, and in the second cloudy, the urine having become precipitated in the diverticulum. The second class, or vesical cells, are much the more dangerous, since they may give rise to inflammation of the neighboring tissues, and consequent pericystitis. Treatment should consist in preventing the urine from stagnating. Cold applications, the use of the self-retaining catheter, and irrigation of the bladder with weak boric-acid solution, give good results. If the subperitoneal tissue is affected, incision should be made in the median line, and, if necessary, the right abdominal muscles should be detached from the pubis. In this way only can serious pyæmia be prevented. The formation of calculi is favored by the deposit of urinary sediment in the diverticulum. In one case in which the suffering of the patient had been very great, no stone could be detected, yet at autopsy twenty-eight stones were found in one of these bladder-cells.—*Internationale klinische Rundschau*, February 25, March 4, 1894.

FRANCE.

Académie de Médecine.

Meeting of March 6, 1894.

Epidemic of Typhoid Fever at Paris.—M. Bucquoy stated that only a short time since M. Rochard had announced that typhoid fever had almost entirely disappeared from Paris, thanks to the improved hygienic conditions and the good quality of the drinking-water. Almost at the same moment a veritable epidemic broke out, such as had not been observed for several years. He had received in his service a very large number of typhoid patients since the middle of February. Although ignorant of the cause, he believed it to be the duty of the academy to invite the attention of the government to the existing epidemic, and to warn the people of the necessity of boiling all water used for alimentation.

M. Lancereaux confirmed the statements of M. Bucquoy, and added that, while only three patients with typhoid were admitted to the Hôtel-Dieu from January 1st to February 12th, the number was suddenly increased to sixty-two from February 12th to March 1st.

M. Lereboullet observed that, while the previous epidemics of the kind in Paris had usually occurred toward the end of summer, this one had broken out at the time of year when the city was in the best possible sanitary condition,—a fact which pointed the more forcibly to the possibility of infection of the water.

After further discussion by the members, a resolution was adopted inviting the public to boil all water used for alimentation during the epidemic.—*La Semaine Médicale*, March 7, 1894.

Meeting of February 20, 1894.

Ovariotomy in the Puerperal State.—M. Pinard read the report of a case of ovariotomy by M. Le Roy des Barres. The patient was 29 years old, and labor had occurred two months before operation, being followed by subacute peritonitis, pleurisy, and phlegmasia alba dolens. She was greatly emaciated, and the abdomen was the seat of a large suppurating cyst, which gave exit at operation to 4 litres (quarts) of pus. The patient left the hospital completely cured twenty days later. The removal of ovarian cysts during the puerperium is relatively rare. In ten cases collected the result was successful.—*Le Bulletin Médical*, February 21, 1894.

Mortality from Tuberculosis According to Profession and Habitation.—M. Lagneau, in comparing various European statistics, arrives at the following conclusions: 1. That occupations exposing to dust cause a marked predisposition to tuberculosis, the mortality of stone-cutters, according to Swiss statistics, being 10 per cent. 2. Sedentary occupations predispose to the disease more than any others. Students and seminarians, as well as young clergymen, according to Italian and English statistics, show 459 deaths per 1000 from the disease. 3. Printers in England and lithographers in Italy show from 300 to 400 deaths per 1000. 4. On the other hand, individuals living in the open air, as mountaineers, farmers, and boatmen, enjoy an almost complete immunity against tuberculosis, Swiss statistics showing a mortality among them of only 1 to 2 per 1000.

As regards the habitation, the sanitary statistics of 662 towns in France prove that the more dense the population, the greater the spread of tuberculosis. In 95 provincial towns of less than 5000 inhabitants the mortality from tuberculosis annually is but 1.81 per 1000; in 33 towns of from 5000 to 10,000 it is 2.16; 127 towns from 10,000 to 20,000, 2.71; 50 towns from 20,000 to 30,000, 2.88; 46 towns from 30,000 to 100,000, 3.05; 11 towns from 100,000 to 430,000, 3.63; Paris, with 2,424,705, 4.90 per 1000. The progression here is manifest, and needs no comment.—*La Médecine Moderne*, February 21, 1894.

Société de Chirurgie.

Meeting of February 28, 1894.

Pregnancy Mistaken for Ovarian Cyst.—M. Reverdin, of Geneva, reported an interesting case of a woman, aged 24 years, on whom he had operated, eighteen months previously, for an enormous ovarian cyst. She again sought his assistance with a liquid tumor which extended above the

umbilicus. Believing it to be another ovarian cyst, he performed laparotomy, finding numerous adhesions of the intestine to the abdominal wall. These were broken up and a diseased loop of intestine, perforated during the operation, was resected for a distance of twelve centimetres. A fluctuating tumor was then drawn out, which was traversed by several large veins, and appeared little like an ovarian cyst. Hesitating as to the diagnosis, he decided to partly empty the sac by puncture with the bistoury; a reddish, dirty fluid flowed out, followed by prolapse of a cord and placenta. As the walls of the uterus were extremely thin, M. Reverdin thought it best to practice immediate abdominal hysterectomy, with resection of the remaining ovary. Recovery was rapid and without incident.—*Le Bulletin Médical*, March 4, 1894.

Meeting of February 21, 1894.

Gunshot Wounds of the Head.—M. Quenu discussed this subject, advising immediate trephining, as the bullets were often in themselves sufficient to cause infection. He opposed waiting until symptoms of meningo-encephalitis appeared. He cited two cases illustrative of the wisdom of his argument. The first, a child, had been wounded some days previous to his entrance into hospital. There was a small suppurating wound on the forehead, stupor, and loss of speech. Existence of a track to the brain being shown by exploratory incision, trephining was performed and two pieces of lead found. There was an abundant flow of pus. The trephine was again applied to establish drainage, and improvement at once occurred. Some time later, however, the symptoms re-appeared, together with epileptic seizures, and the boy died. M. Quenu thought that earlier intervention might have saved the case. The second instance was that of a man who shot himself five times in the temporal region. There were no immediate symptoms, and an antiseptic dressing was applied. M. Quenu saw the patient within forty-eight hours. There was a fluid discharge from the wound and fever. The trephine was applied, and two balls were found lodged in the bone; one lay upon the dura mater, the other had perforated it. Drainage was established, when the fever fell and the patient recovered. It is not well, in M. Quenu's opinion, to depend on the ball's being aseptic. If it is aseptic, intervention is harmless; if it is not so, intervention is indispensable.

M. Desprès expressed an opinion exactly contrary to that of M. Quenu, and regarded it useless to interfere when the ball had penetrated the brain.

M. Delorme had made several experiments upon the cadaver in order to decide the effects of revolver-shots, and concluded from them that exploration was uncertain in result and useless if the ball were deeply lodged. If it were not found within two or three centimetres from the surface, the search should be abandoned. As to antisepsis, it was dangerous and impracticable.

M. Reclus believed that operation should be attempted only when the symptoms warrant it; otherwise, even exploration should not be undertaken.

M. Monod was of the opinion that intervention, properly conducted, added no new danger to the state of the patient, while it often led to the removal of foreign bodies from the wound.—*La Médecine Moderne*, February 24, 1894.

Société Médicale des Hôpitaux.

Meeting of February 23, 1894.

Exophthalmic Goitre.—M. Marie, who is a partisan of Tillaux's method of thyroidectomy and not of treatment by thyroid extract, ascribes the symptoms of exophthalmic goitre to a derangement of the nervous system, causing an increased secretion of thyroid juice, and not a direct affection of the thyroid gland itself. He supports this theory by the following arguments: 1. In no case of myxœdema treated by thyroid extract was exophthalmia or Graefe's sign produced. 2. In several cases of Basedow's disease treated by ligature of the carotid or ablation of the thyroid body, exophthalmia persisted, seeming to prove that this symptom may be independent of the action of the thyroid. 3. The theory of the thyroid origin of Basedow's disease does not harmonize with our knowledge of the etiology of this affection. How explain by an exaggerated function of the gland the cases produced instantaneously by some sudden emotion? Again, is it not singular that Basedow's disease is observed with notable frequency in tabes, and in affections in which the nervous system is affected in almost every part?—*La Médecine Moderne*, February 24, 1894.

Meeting of February 16, 1894.

Orchitis in Mumps.—M. Catrin read a paper on this subject, distinguishing between parotitic orchitis and testicular congestion, which, unlike the former, is not grave and does not lead to atrophy. Orchitis generally appears from the fourth to the eighth day after the beginning of mumps, though it may occur later. It rarely precedes parotitis. Fever is generally present, apepsia rarely. The disease is more likely to appear in cases in which the onset of the parotitis is severe, and especially if there be pain in one or both testicles. The process always begins in the epididymis, which alone may be affected. Prophylaxis consists in complete repose from the first appearance of the symptoms, and the avoidance of all violent exercise long after the cure of the parotitis. Examination of the semen in a case of double atrophy showed a diminution in the number of spermatozoa.—*Le Progrès Médical*, February 24, 1894.

Société de Thérapeutique.

Meeting of February 28, 1894.

Treatment of Diphtheritic Angina.—M. Piédallu reported that, for the past three years, he had used the following formula in this affection: Syrup, 1000 grammes (32 ounces); iodide of potassium, 50 grammes ($1\frac{1}{2}$ ounces); biniodide of mercury, 0.50 gramme ($7\frac{3}{4}$ grains). The dose employed was 1 teaspoonful every two hours for a child of 2 years, and a

dessertspoonful for a child of 4. Signs of iodism appear within several hours, the child secreting saliva abundantly; this, doubtless, explains the slight amount of adherence of the false membranes, which he removed without any difficulty and without wounding the mucous membrane, being careful to make an application of Van Swieten's fluid afterward. This medication, which may be intensive, as he had given as much as 300 grammes ($9\frac{1}{2}$ ounces) in six or eight days, never caused colic, vomiting, or stomatitis. Although he had treated a large number of cases of true diphtheritic angina, he had not lost a single case.—*La Semaine Médicale*, March 7, 1894.

GERMANY.

Berliner medicinische Gesellschaft.

Meeting of February 28, 1894.

Lepra Laryngis.—Hr. Dr. Bergengruen, of Riga, presented several photographs showing the alterations occurring in various stages of this disease. In one case, that of an old woman, the entire larynx was involved; the epiglottis was compressed laterally and curved backward; the vocal cords were covered with numerous round nodules; the mucous membrane of the subglottic space was thickened and pigmented, as was that of the aryteno-epiglottic ligaments. A second case showed diffuse generalized pigmentation and a small number of nodules. The third photograph illustrated a case in which the larynx was filled with nodules, occupying especially the free part of the epiglottis; the superior vocal cords were irregular and the inferior left cord thickened. In a fourth larynx the mucous membrane was almost entirely destroyed, the ventricle and vocal cords were covered with many nodules, and there was considerable ulceration of the lower part of the cords. In a fifth case the internal surface of the larynx was completely destroyed, and in the sixth case there was diffuse hypertrophy of the entire mucous membrane, but no nodules.

Meeting of February 21, 1894.

Arterio-sclerosis Following Syphilis.—Hr. A. Fraenkel presented a communication upon this subject. Within the last four years he has observed 19 cases of aneurism of the thoracic aorta, and has performed an autopsy in 6 cases under 40 years of age. This fact is of importance as regards etiology, since arterio-sclerosis predisposing to aneurism does not usually appear until late in life. Of these 19 patients, 9 were affected with syphilis. In 1 of the cases, a young woman of 27 years, autopsy showed not an aneurism, but arterio-sclerosis, with syphilis of the heart. The patient had entered hospital with symptoms of aortic insufficiency, and suffering from severe pains in the head and attacks of syncope. A previous articular rheumatism was given as the cause of the cardiac affection. The husband of the woman had had syphilis, and she had suffered from ulcerations of the head, which had been entirely cured. She left the hospital after some time, in an improved condition, but soon returned with symptoms of angina pectoris, and died shortly after. At the post-mortem examination

the left anterior coronary artery was found to be healthy, but the right was completely obliterated by arterio-sclerosis at the aorta, while there was also a gumma of the ventricular septum.

Vaginal Laparotomy.—Hr. Duhrssen showed some sketches illustrating the steps of a new operation invented and performed successfully by himself. The method, which is particularly adapted to the treatment of retroflexions and myoma, consists in first opening the superior vaginal wall and then the vesico-uterine fold.

Actinomycosis.—Hr. Max Wolff stated that he had previously inoculated actinomycosis in animals with success, but that, unlike actinomycosis in man, the tumor had always remained limited to the peritoneal cavity. It was impossible to cause a general infection. He had, however, now succeeded in one case, the animal living a year and a half after inoculation. He had found in the liver a soft, lardaceous tumor, of the characteristic deep-yellow color.—*Deutsche medizinal-Zeitung*, March 1 and 8, 1894.

Verein f. Innere Medicin in Berlin.

Meeting of February 1, 1894.

Renal Lesions in Cholera Nostras.—Herr Bernhard reported the results of some examinations made by himself and Dr. Felsenthal at the Kaiser and Kaiserin Friedrich Kinder-Krankenhause, on the condition of the kidneys in cholera nostras. In the cases studied, albumen and casts had appeared in the urine before death, while in eleven children who died from acute gastro-intestinal catarrh these were not observed. The children showed fatty degeneration of the convoluted tubular epithelium, while the glomeruli were healthy. Numerous hyaline casts were found in the canaliculi. In three cases there was swelling of the right tubes and of Henle's loops, with dilatation of the convoluted canaliculi. All these lesions had previously been observed by Aufrecht and others in Asiatic cholera. The appearances in cholera nostras, therefore, seem to be identical with those found in cholera Asiatica, the only difference being that in the former coagulation necrosis was not observed; this, however, is not always present in Asiatic cholera. The authors thought it probable that the renal lesions in cholera nostras were due entirely to the great loss of fluids, and not to the action of toxic elements.

Herr A. Baginsky stated that in children suffering from the disease the loss of fluids is enormous; a child may lose $1\frac{1}{2}$ pounds (750 grammes) in a single day in weight. He did not doubt that the consistence of the blood had a great influence upon the kidneys, but believed that the toxins present in such cases also bore some relation to the lesions. If the children did not die, the kidney returned to its normal condition, though sometimes a chronic nephritis supervened.

Herr Leyden was certain that the lesions of the kidneys were identical in the two diseases, and that in cholera nostras they were due to the great loss of fluids; it was possible, however, though not yet proven, that the toxins might play some rôle in their production.—*Deutsche medicinische Wochenschrift*, March 1, 1894.

GREAT BRITAIN.

Royal Medical and Chirurgical Society, London.

Meeting of February 27, 1894.

Cases of Pleurisy Caused by the Pneumococcus.—Dr. Washbourn described three cases, in the first of which the symptoms were those of pneumonia, but the physical signs were not characteristic and the sputum was not rusty. The attack began suddenly with a rigor, and on the tenth day the temperature had fallen and the constitutional symptoms had disappeared. The patient was considered to be convalescent, but the physical signs did not clear, and the temperature subsequently rose. An exploration of the chest revealed the presence of pus. A drainage-tube was inserted, and the patient made a good recovery. The pus was found to contain the pneumococcus by the usual bacteriological methods. The case was at first considered to be one of pneumonia followed by an empyema, but, looked at in the light afforded by the other cases, he believed that it was one of primary empyema. In the second case the constitutional symptoms were those of pneumonia, and included high temperature, cough, rapid breathing, delirium, and herpes. The physical signs, though not typical, were not more atypical than they often were in pneumonia. The patient died after a few days' illness. At the post-mortem examination the lung was found to be healthy, but there were 54 ounces (1624 grammes) of pus in the right chest. The pus contained the pneumococcus. In the third case, that of a child, there was double pleurisy, with some effusion. A few ounces of fluid were removed by aspiration, and were found to contain the pneumococcus. The case terminated fatally, and at the post-mortem examination both pleuræ were found to be covered with thick, tenacious fibrin. It was well known that the pneumococcus was the most common cause of croupous pneumonia, and the same organism had been found in pleurisy and empyema. Sufficient stress had, however, not been laid upon the fact that the pneumococcus might produce the same constitutional symptoms when invading the pleura as when invading the lung. Dr. Washbourn believed that the second case showed that this was true. The third case was of interest, inasmuch as the constitutional symptoms were similar to those of pneumonia. The patient might have recovered, and the case would probably have been considered one of pneumonia. He believed that many cases diagnosed as pneumonia, but with equivocal signs, were really cases of pleurisy caused by the pneumococcus. He would point out the importance of exploring the chest in such cases, and would urge the necessity of the bacteriological examination of the pus of empyemata, as it was possible that, when due to the pneumococcus, a simple aspiration would be sufficient.

Dr. Hale White had seen four other cases during the last few months.

Dr. Sansom said that it did not seem to him that influenza had been excluded from these cases. The bacillus of influenza was very apt, indeed, to be associated with other well-known bacilli. Thus, influenzal pleuropneumonia was recognized, and influenza gave remarkable help to the development of tuberculosis. The cases related resembled the forms of pneumonia often met with since the influenzal epoch, the general symptoms

being severe, while the local condition might be atypical. The influenza bacillus, having a tendency to attack nervous structures, disturbed the trophic condition of the lungs, and the pneumococcus could then develop more exuberantly.

Dr. Kanthack said that it was generally admitted that the pneumococcus was the common cause of pneumonia. Since October he had examined fifteen uncomplicated cases of pneumonia, and in all the pneumococcus of Fraenkel was present; in thirteen it was in pure culture, and in two others it was associated with the staphylococcus pyogenes aureus and a streptococcus respectively. If the sputum of a patient before the pneumonic crisis was injected into a rabbit or guinea-pig, the animal died from pneumococcus septicæmia; but if sputum taken after the crisis was injected, the animal was rendered immune from pneumococcus infection. He examined a case of purulent meningitis and found the lungs free, but the pus in the cerebral and spinal membranes contained pure cultures of pneumococcus. In a case of ulcerative endocarditis the pneumococcus was found associated with the staphylococcus albus and aureus; the same three organisms were found in embolic abscesses in the lungs. In a case of purulent peritonitis in a young girl and in another of suppurative pericarditis and peritonitis with empyema, in two cases of otitis media, in one of empyema of the frontal sinus, and in one of pneumonia suddenly fatal and associated with empyema pure cultures of the pneumococcus were found.

Dr. Hale White said that it was remarkable that the pneumococcus often did not produce the toxic symptoms if it was not developing in the pleura or lung. People badly affected with the toxin of pneumonia were liable to die suddenly.—*Lancet*, March 3, 1894.

Medical Society of London.

Meeting of March 5, 1894.

Electrical Treatment of Infantile Paralysis.—Dr. Lewis Jones, who has had opportunities of observing cases of infantile paralysis over long periods of time at St. Bartholomew's Hospital, formulated the following conclusions in respect of the results to be obtained by electrical treatment: (1) it is important in every case of infantile paralysis which has lasted over four weeks to try electrical treatment, continuing it for six months or a year; (2) it is an exception for a muscle to be so completely destroyed by poliomyelitis as to have no functional fibres left; (3) great development of the remaining fibres may be gained by persistent stimulation; (4) where the electrical reactions are reduced to the very lowest degree, or even entirely abolished, some improvement may still be hoped for; (5) where the electrical relations are not altered in quality it is not good practice to leave the case to take care of itself; (6) electricity acts only as a stimulant, but it is superior as such to any mechanical treatment by rubbing or massage, though it may advantageously be combined with these; (7) the form of electrical stimulation to be employed is of less importance than persistence in its employment; (8) the induction coil, with or without the bath, is easily arranged for use by the mother or nurse.

Dr. Cagney thought that many cases diagnosed as anterior poliomyelitis were instances of peripheral neuritis. He himself had found the effects of electricity enhanced by subcutaneous or intra-muscular injections of strychnine.

Mr. Walsham urged the propriety of tenotomy in order to remedy the contraction of the muscle which often took place.

Mr. Lockwood alluded to the fact that the existence of normal electrical reaction in the affected muscles did not always afford a guarantee that the muscles would not waste after tenotomy. He suggested that anterior poliomyelitis was probably not so much a disease *per se* as the result of an acute febrile affection probably of infective origin.

Dr. James Taylor did not deny the occurrence of peripheral neuritis in children, but he had never seen it except in association with anterior poliomyelitis.

Tuberculous Meningitis Cured by Drainage.—Dr. W. Wallis Ord and Mr. H. F. Waterhouse read notes of a case of tuberculous meningitis in a child, aged 5, admitted in an apathetic condition, with double optic neuritis. From time to time she uttered a piercing scream, and the *tâche cérébrale* was well marked. Symptoms of intra-cranial pressure having supervened and the child being on the point, apparently, of passing into a condition of coma, Mr. Waterhouse trephined through the cerebellar fossa of the occipital bone, giving exit to a small quantity of fluid. A drainage-tube was left in, and the wound was closed, the fragments of bone being replaced by Macewen's method. The child did well, and the symptoms subsided, though at one time the wound seemed to have been infected by tubercle. The question of diagnosis was discussed, and it was pointed out that for success to be hoped for it was necessary not to wait until the child was actually comatose.

Mr. Walsham referred to a similar case in which he had made the aperture through one of the cervical vertebræ, a position which he considered presented several advantages over the occipital bone. The child died, and on post-mortem examination it was proved not to be tuberculous, though the intra-cranial pressure was very considerable.

Mr. Bidwell said that in the post-mortem examination of children who had died without any symptoms of meningitis, though there was a history pointing to a past attack, he had discovered calcified tubercles. Many of the cases of so-called tuberculous meningitis were in reality due to middle-ear disease.—*British Medical Journal*, March 10, 1894.

Birmingham and Midland Counties Branch, British Medical Association.

Meeting of February 8, 1894.

Calculus.—Mr. Lawson Tait showed a remarkable specimen of a calculus, which had doubtless originally formed in the appendix vermiformis, and had given rise to prolonged ill health, with several relapsing illnesses, which were regarded as typhoid fever. At last the case was looked upon

by Dr. Campbell as an abscess of the right Fallopian tube. Mr. Tait removed the calculus (about an inch and a half long and as thick as a slate-pencil) from a cystic cavity containing fetid pus and formed of a distended tubular-structure lying behind the uterus and intensely adherent to it. This cyst Mr. Tait removed with great difficulty, and at the time said that, though its relations were those of the Fallopian tube, its calculus was that of a cæcal appendage, as he had often seen the latter, but never had seen a concretion in the Fallopian tube, save of a curious kind. The latter alternative was proved to be the correct one by the passage of fæces through the drainage-tube on the second day after the operation. The patient is now making an excellent convalescence.

Meeting of January 26, 1894.

Hernia.—Mr. Heaton showed some specimens of strangulated encysted hernia, with undescended testicle, taken from the groin of a man who had had several attacks of acute orchitis of this testicle. Herniotomy was performed and 1 to 2 ounces (31 to 62 grammes) of clear, yellow, hydrocele fluid evacuated, showing a tense, thick-walled tumor with testicle attached below. The swelling was incised and 6 drachms (24 grammes) of dark-colored serum let out. The gut, which was seen at the bottom of the sac, was reduced, and the sac excised at the internal abdominal ring. Recovery occurred within ten days.

Acute Infective Periostitis and Osteomyelitis Commencing in the Neck of the Femur within the Capsule.—Mr. Barling showed the upper fourth of a femur taken from a boy, aged 15, who, without previous illness or injury, was seized with severe pain in his right hip-joint. The joint became flexed and abducted, there was fullness in Scarpa's triangle, fever, and some delirium at night. The condition was diagnosed, and, pus being obtained by aspiration from the front of the joint, the cavity was drained by an anterior incision. Subsequently the right and later the left elbow-joint suppurated, and the boy died at the end of three weeks. There was not a single rigor throughout the illness, the most marked feature of which was the severe delirium. The specimen showed a good deal of erosion of the cartilage on the head of the femur and stripping of periosteum and attachment of capsule from the neck of the bone. There was some pus in the cancellous tissue.

Trephining for Middle Meningeal Hæmorrhage.—Mr. Haslam read notes of a case in which he had trephined successfully for hæmorrhage from a small branch of the middle meningeal artery. The clot was not situated over the motor area, but in a position over the angular gyrus and occipital lobe, and the pressure on the brain had interfered with the paths from the motor area through the posterior limb of the internal capsule.—*Birmingham Medical Review*, March, 1894.

UNITED STATES.

Medical Society of the State of New York.

Eighty-eighth Annual Meeting, Albany, February 6, 7, and 8, 1894.

Hæmorrhagic Serous Effusion of the Pleura.—Dr. W. S. Cheesman, of Auburn, reported a case in which aspiration had been repeated every ten days for six months, about a quart or 3 pints (1 to 1½ litres) being removed at each operation. Anæmia then appearing, he had irrigated the pleural cavity for two hours with Thiersch's solution and a small quantity of iodine. Recovery took place, but effusion appeared on the other side, with dyspnœa. After seven or eight aspirations lavage was repeated, with similar satisfactory results. Subsequently fluid appeared in the abdominal cavity, with anasarca.

Dr. W. S. Ely, of Rochester, had performed aspiration thirteen times, withdrawing a large quantity of fluid from the abdomen. In all forty-nine operations had been performed on the patient, and her generel condition was now good. There was evidently a constitutional disorder of some kind.

Dr. W. E. Ford, of Utica, thought that the fibroid disease of the uterus with which the woman was suffering had some causal relation.

Pneumonia of the Aged.—Dr. J. H. Pryor, of Buffalo, distinguished pneumonia *of* the aged from pneumonia *in* the aged. The disease was usually fatal and often without marked phenomena, the condition being sometimes entirely overlooked. It occurred most commonly between November and May. The upper lobe was first affected, the disease extending downward, the left lung being more frequently involved than the right, though both were sometimes attacked. Death sometimes occurred suddenly and without severe symptoms. There was at times delirium and great prostration, with rectal temperature of 104° to 105° F. (40° to 40.6° C.). Respiration might not be very rapid; the sputum was rarely characteristic and never purulent during the period of resolution. The countenence was anxious, the mind perturbed, and diarrhœa frequently occurred after the crisis. The first indications of the disease were often found only at autopsy.

Dr. A. Jacobi, of New York, said that pneumonia of the aged often developed from bronchial catarrh, as did pneumonia in children. When there was a sudden rise of temperature from 100° to 103° F. (37.8° to 39.5 C.°), he had usually observed that the issue was fatal.

Diphtheria.—A general discussion on diphtheria, arranged by Dr. A. Walter Suiter, of Herkimer, was opened by a paper by Dr. T. E. Satterthwaite, of New York, who stated that the mere presence of a membrane did not necessarily indicate the existence of diphtheria, while the bacilli of diphtheria might be present without the membrane. A diagnosis was usually to be confirmed by experiments upon animals.

Dr. Suiter said that the identity of the Klebs-Lœffler bacillus was now definitely established, and that a clinical diagnosis in any given case was not usually sufficient, as by bacterial cultivations only could positive results be obtained. About 50 per cent. of the cases formerly treated as diphtheria had probably not been cases of diphtheria at all. Facts of this kind would tend to modify the statistics of the disease.

W. H. Daly, of Pittsburgh, Pa., believed in the unity of the causes producing croup and diphtheria, but thought that they might be modified in various ways by climate, hygiene, the conditions of the patient, etc. In the pharyngeal form the conditions were favorable to the toxins and albumoses, which were here readily absorbed, causing constitutional affection.

In the treatment of diphtheria, Dr. A. Jacobi stated that the membrane should be destroyed by local applications of a mixture of equal parts of carbolic acid and glycerin, which was more effective than chlorine water. In small children it was better to give internal remedies which were easily absorbed, such as iron, mercury, chlorine, and iodine. The most dangerous form was that attacking the nares and naso-pharynx, and in such cases, where possible, it was best to apply medicines to the throat with cotton wrapped upon a long probang. If the nares were affected, the medicine might be poured into the nose with a feeding-cup, or a small syringe might be used. The use of an irrigator for the nose was not without danger. Antiseptic applications, as salt and lime-water, carbolic acid, creolin, weak solutions of bichloride of mercury, a 5-per-cent. solution of papayotin or trypsin combined with bicarbonate of sodium, were also useful. If there were extensive adenitis, it should be treated early by deep incisions. If hæmorrhages occurred, suitable astringents should be used, but iron should be avoided. Paralyses should be treated by friction; and if electricity were employed, care should be taken not to overstimulate the muscles.

Dr. E. F. Brush, of Mt. Vernon, believed that the object of treatment was to support the strength of the patient until the dangerous period was past, and that there was no specific treatment. Death in some cases was inevitable. The general indications of each epidemic should be studied. The intestinal tract should be kept open, calomel and suitable enemata given, especially when the temperature exceeded 103° F. (39.5° C.). Tincture of chloride of iron with potassium was the best remedy yet found. Fluid food, as buttermilk, whey, oatmeal, water, soups, and alcohol, were of value. The latter might be given through a stomach-tube, if necessary, or turpentine substituted for it.

Dr. H. de V. Pratt, of Elmira, had treated forty-seven cases with tartar emetic and opium, and had lost only two of his patients. He gave $\frac{1}{30}$ grain (0.002 gramme) of tartar emetic, with a sufficient quantity of opium, every hour for twenty-four hours to very young children, doubling the dose the following day, and continuing as long as treatment was indicated. The constitutional effects of the tartar emetic were noticeable within a few hours, but tolerance was soon established, and he found it checked the development of membrane and hastened the progress of the disease. The nourishment of the patient was also considered, the discharges disinfected, and strict cleanliness insisted upon. There was no depression after the first few hours, the drug acting directly upon the poison of the disease.

Intubation in Diphtheria.—Dr. William Hailes, of Albany, reported a case of diphtheria followed by a severe attack of scarlatina. The disease had also been complicated with albuminuria. Intubation was performed; subsequently the condition of the child became very serious, and salivation

had been effected by means of the sublimation of calomel. The tube was kept in position five days and then removed for an hour; symptoms of suffocation appeared and the tube was replaced, with immediate relief. It was left in position four days longer, and was then permanently removed. The child had since suffered with an attack of chicken-pox and mumps, but was now quite well.

Dr. Joseph O'Dwyer, of New York, believed that deductions as to the status of intubation of the larynx should be made with great caution. The experience of some operators had now reached hundreds of cases, with from 20 to 40 per cent. of recoveries. Many operators had almost abandoned the use of tracheotomy. Secondary tracheotomy after intubation was seldom a success. The percentage of recoveries with European operators was rather higher than in this country, and recent experience was favorable to intubation.—*New York Medical Journal*, February 10, 1894.

New York Academy of Medicine.

Meeting of February 19, 1894.

Paresis of the Superior Rectus.—Dr. Alexander Duane has seen a number of cases of this affection, long considered rare, but which he believes to be by no means uncommon. The symptoms are vertical diplopia, often present only when the eyes are turned upward, with tilting outward of the image formed in the eye with the affected muscle, and exophoria in varying degrees with the attendant symptoms. Both superior recti may be affected, or a compensating spasm of the inferior oblique may cause the appearance of paresis of both superior recti. Repeated examinations appear to show that the condition remains about the same, except that the exophoria slowly increases. Usually no cause has been found. It appears mostly in young persons, refractive errors are not necessarily present, and it probably dates from childhood, possibly from birth. It seems not to be of nerve origin, but to be a weakness of the muscle itself. Dr. Duane recommends for the treatment exercise of the internal recti by prisms, and rarely advancement of the paretic muscle. Prisms with the bases in are sometimes worn with advantage for distant vision, but when the eyes look downward they are not needed to the same degree; so different glasses should be used for reading. —*New York Medical Journal*, February 24, 1894.

Dupuytren's Disease.—Apply upon the palm of the hand a large quantity of the following ointment: *white vaselin*, 30 grammes (1 ounce); *iodide of potassium*, 2 grammes (31 grains); *iodine*, 1 gramme (15½ grains); cover with thick layer of cotton, rubber cloth, and moderately tight bandage. Renew application daily for three or four weeks. (Vulpian, *La Presse Médicale*, February 10, 1894.)

Ulcers.—Finely-powdered *indigo*, 1 drachm (4 grammes); simple ointment, 1 ounce (31 grammes). (Tarak Nath Ghose, *Indian Medical Reporter*, January 1, 1894.)

Selections from Reports of Members of the Annual's Editorial Staff.

Russia.

DR. J. DRZEWIECKI,

РЕДАКТОР-КОРРЕСПОНДЕНТ изъ области русской литературы, касающейся: Общей медицины и терапіи, педіатріи, акушерства, гинекологіи, ларингологіи, отологіи, гигіены, демографіи, судебной медицины, гистологіи, бактеріологіи, анатоміи и физіологіи.

Всѣ періодическія, медицинскія изданія, сочиненія, стат'и, монографіи и т. д., изданныя на русскомъ языкѣ и касающіяся вышепоименованныхъ предметовъ должны быт' адресованы на имя

Дра Држевецкаго.

87 Краковское Предмѣст'е, Варшава.

Pepsin.—P. N. KONOVALOFF has examined thirteen sorts of pepsin of the trade, and is convinced that there is not one of really good quality. Two-per-cent. aqueous solutions, although possessing considerable acidity, decay in two or three days. Normal gastric juice, when boiled or neutralized by caustic soda, forms an abundant flaky sediment, while pepsin of the trade yields but an insignificant sediment. The pepsin of the gastric juice acts best with 2 per cent. of hydrochloric acid; the trade pepsin, however, requires considerably greater acidity, and for this reason its best action is manifested under conditions not natural to the stomach. The digestive power of trade pepsins is insignificant. According to the Russian Pharmacopœia, pepsin is only of good quality when 0.1 gramme ($1\frac{1}{2}$ grains) will dissolve in four hours, with frequent shaking, 10 grammes ($2\frac{1}{2}$ drachms) of the hard white of an egg rubbed through a sieve into 100 grammes ($3\frac{1}{4}$ ounces) of a 0.25-per-cent. solution of hydrochloric acid at a temperature of 38° to 40° C. (100.4° to 104° F.). Pepsins of the trade do not meet these requirements,—not even the official Russian soluble pepsin. The fluid obtained in the digestion of albumen by normal gastric juice is clear, transparent, colorless, without any smell, and filtrates quickly; while that obtained by artificial pepsin is muddy, yellow, has an unpleasant smell, and filtrates slowly. The normal ferment not only digests, but also peptonizes all albumen; manufactured pepsin, however, fails partially or entirely to peptonize. The quantity of ferment in these pepsins varies from 0.25 to 0.9 per cent., and the remaining 99 per cent. consists of albumens and other unnecessary admixtures. The quick decay of pepsin solutions and the formation of abundant sediment in them from tannic acid prove that the albuminous ingredients are undergoing decomposition. The general dose of 0.6 gramme ($9\frac{1}{4}$ grains) for adults is too small, because the best results of manufactured pepsin are only obtained when they are used in 4- to 6-per-cent. solutions. Large quantities of pepsin being necessary to digest a small amount of albumen, the trade pepsins, on account of their impurity, if administered in large quantities, produce favorable conditions for the development of Brieger's peptotoxin. The author thinks that the best substitute for these pepsins is the pure gastric juice obtained from dogs according to Prof. I. P. Pavloff's

method, which is as follows: Gastric and œsophageal fistulæ are made, and during apparent feeding (the food entering the stomach) a considerable quantity of gastric juice can be withdrawn. It is said to be pure, of strong digestive power, the amount of peptone averaging 15 per cent. and of acid 0.5 per cent.—*Inaugural Dissertation*, St. Petersburg, 1893.

The Healing Action of Laparotomy in Tuberculosis.—I. S. KABBASENKO has arrived at some very interesting conclusions on this subject. He found that, under the action of different irritants, such as setons, partial excision of indurated spots, uncleanliness of wounds with foreign substances after excision of cold abscess, etc., chronic inflammation without symptoms of phagocytosis becomes acute, and the cellular elements manifest distinct phagocytosis of the tubercle bacilli. The acute inflammation may lead to complete disappearance of tubercular infiltration, rabbits, even, escaping the general infection for a long time. He believes that this acute inflammation weakens the noxiousness of the tubercle bacilli, and undoubtedly leads to their destruction in the chronic inflammations of the tubercular tissue. This statement, together with what is already known from literature concerning the unequal noxiousness of tubercles, would lead to the conclusion that the extended development of tubercular peritonitis, with slow progress, with various and numerous adhesions, and often without generalized tuberculosis, is the work of weakened tubercle bacilli.—*South Russian Medical Gazette*, Nos. 12, 13, 14, 1893.

Formation of Urea in the Liver.—W. VON MEISTER, in order to solve the question as to whether the organism continues to form urea after removal of the liver, made a series of experiments on rabbits in the Institute of General Pathology of Professor Podwysocki. He removed one-half to three-fourths of the liver, controlling at the same time the metabolism of nitrogen both before and after operation. From the results obtained he arrived at the conclusion that the formation of urea ceases after removal of the liver. He found that the quantity of excreted urea was in direct proportion to the amount of liver allowed to remain. There was also a parallelism between the quantity of excreted urea and the growth of the remaining part of the liver. When this portion was sufficient for the needs of the organism, a great quantity of extractive substances accumulated in which, most probably, we may look for the first step in the formation of urea, a parallelism in the variations of their quantity showing their mutual connection. The author's conclusions are: 1. That the removal of one-fourth, one-half, and even three-fourths of the liver is easily borne by an animal and gives a very insignificant percentage of mortality. 2. The removal of the gall-bladder leaving the hepatic duct seems not at all to affect the functions of the organism. 3. After complete removal of the liver, long duration of life is impossible. 4. After removal of one or more lobes the quantity of nitrogen in the urine decreases, but not to the same extent as nitrate of urea, the proportion of the latter to the entire quantity of nitrogen diminishing. 5. The quantity of urea decreases relatively as well as absolutely. 6. On the other hand, the quantity of extractive substances increases, the nitrogen in these,

in proportion to the whole quantity of nitrogen in the urine, also increasing. 7. The relation of nitrogen in the extractive substances to that of the urea increases proportionately to the increase in the whole quantity of nitrogen, consequently the decrease in the quantity of urea is proportionate to the increase in the quantity of extractive substances. 8. The larger the portion of liver removed, the greater is the decrease of urea. 9. The increase of urea after removal is especially rapid during the first days. 10. The formation of urea, without doubt, takes place in the liver. 11. Its primary origin must be looked for in the extractive substances.—*Kieff University News*, No. 10, 1893.

Progressive Paralysis in Women.—I. D. IDANOFF, during seven years' management of the psychical section for women in the Alexander Hospital at Moscow, compiled the history of thirty-four cases of progressive paralysis in women and presented a minute analysis of this interesting subject in connection with the literature from Denmark, Austria, Italy, Germany, England, Belgium, and France, considering also the significance of syphilis in the etiology of general paralysis. Progressive paralysis occurs oftener in women than was supposed. The history of about 104,000 lunatics in the different hospitals of the countries mentioned shows that to 10 paralytic men there were 3 women; if, however, the whole number of cases of paralysis in men be compared with those in women, the proportion will be 4 men to 1 woman, and not 8 to 1, as formerly asserted. In Austria, Germany, Denmark, Italy, England, and Russia the proportion was the same, 10 to 3 in 47,000 patients. In Belgium and France it occurs in women somewhat oftener, being 10 to 4. The increase of the proportion is due to the increase of this disease among women of later years. The etiology of paralysis in women is not essentially different from that in men, the differences being that with men excesses, especially alcoholic, are more frequent, while with women despair, sorrow, and struggle for life are causes. In both sexes syphilis plays a very important part, being causative in women in 74 per cent. of the cases; as regards age, both men and women are predisposed during the fourth decade; the climacteric period, to which was formerly ascribed great significance, is shown by statistics to be less important. While the clinical picture of progressive paralysis does not show such marked difference as to establish a new form of female paralysis, yet the course of the disease in women has some peculiarities, pointed out by Sander in 1870, namely, predominance of forms of dementia, slow development, and feebly-expressed mania grandiosa. The rôle of syphilis in paralysis is direct and indirect; when indirect, it only prepares the soil for the development of the disease. In both men and women the state of the internal organs—liver, spleen, and kidneys—should be ascertained, especially the condition of the liver. The differential diagnosis of pseudoparalysis in the majority of cases is very difficult, the most certain symptom being improvement under specific treatment; a moderate antisyphilitic treatment is, therefore, indicated in all cases of paralysis where a syphilitic history is suspected.—*Vratsch*, No. 44, 1893.

Poland.

DR. C. SZADEK,

Redactor Korespondent z działu polskiej literatury tyczącej się: Chirurgii ogólnej; dermatologii; syphilografii; chorób chirurgicznych (tężec, wodowstręt, itd.).

Wszystkie pisma lekarskie, dzieła, rosprawy, monografije, itd., w języku polskim wydane, a tyczące się przedmiotów powyższych, winny być nadsyłane pod adresem

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Cancer of the Transverse Colon.—CIECHOWSKI relates a case of successful removal of cancer of the transverse colon in a woman aged 29. The tumor was found to be irregular on its surface and freely movable. After an interval of a year there was a recurrence of the neoplasm and the patient died.—*Gazeta lekarska*, No. 16, 1893.

Treatment of Gleet.—FUNK, in discussing the principles of the treatment of gleet, states that in cases of subacute gonorrhœa the best results are secured by the internal use of santal-oil and injections of solution of nitrate of silver (1 to 4000) or Ricord's mixture (sulphate of zinc, 1 gramme—15½ grains; acetate of lead, 2 grammes—31 grains; laudanum and tinct. catechu, āā 3 grammes—46½ grains; water, 200 grammes—6½ ounces). In cases of posterior urethritis deep injections of a 1- to 2-per-cent. solution of the nitrate with the Ultzmann syringe are efficacious. In the treatment of gleet of the anterior and posterior parts of the urethra the author also recommends cauterization with a 2- to 5-per-cent. solution of nitrate of silver. The use of Unna's metallic sounds (Nos. 18 to 30 Charrière) is warmly commended in cases of deep infiltration of the mucous membrane of the urethra.—*Medycyna*, No. 33, 1893.

Calomel Soap in the Treatment of Syphilis.—WATRASZEWSKI recommends calomel soap for inunctions in the treatment of syphilis, prepared as follows: Calomel in the form of a vapor is mixed with a potash soap in strength of 1 to 2 or 1 to 3, which forms a soft mass of a white color. From 2 to 3 grammes (31 to 46 grains) of the soap should be used every day. The parts to be rubbed should be washed with ordinary soap and water, and, the patient having taken a bath, the soap should be rubbed in with a rotary motion of the hand for from ten to fifteen minutes. The advantages of this method are: (1) its application requires but little time; (2) the soap is odorless and colorless, and does not soil the linen; (3) the inunctions do not irritate the skin, except when applied too often in the same region; (4) cure rapidly results.—*Przeglad lekarski*, No. 14, 1893.

Tracheotomy versus Intubation in the Treatment of Croup.—DROBNIK has contributed an interesting paper on this subject. He considers that all the remedies employed in the treatment of croup are only palliative (local antiphlogistics, emetics, etc.), and that the only efficacious method is operation. He has performed tracheotomy in eighty cases, and prefers it to intubation in the treatment of acute diseases of the larynx. He advocates intubation only in chronic stenosis.—*Nowiny lekarski*, No. 6, 1893.

Penetrating Gunshot Wounds of the Abdomen.—PRZYBONOWSKI reported the case of a man, 24 years old, with two penetrating pistol-shot wounds of

the abdomen, two perforations of the stomach and one of the transverse colon having occurred. Laparotomy was performed eight hours after the injury; the edges of all the wounds were united by a double suture and the patient recovered. A second case, a boy 11 years old, with a penetrating gunshot wound in the mesenteric region, with marked shock and protrusion of the omentum, was treated by laparotomy three hours after the receipt of the injury; the ball was removed, the wounded ileum resected and closed with circular sutures. Death occurred twenty-four hours after the operation.—*Medycyna*, Nos. 28, 29, 30, 1893.

KARZEWSKI relates several cases of penetrating abdominal wounds operated upon during the years 1890–92 with successful results. In the case of a man, 28 years old, with stab wounds of the abdomen involving the omentum, the wound was enlarged, one part of the protruding omentum cut off, the other tied and returned within the cavity, and the original wound closed. The patient recovered. A case of two penetrating stab wounds, in a man 25 years old,—one of the right side of the abdomen, two centimetres long, with omental protrusion; the other in the thoracic region, with pneumothorax,—was similarly treated. The wounds were enlarged, the protruding omentum incised, and the wounds sutured, the patient recovering in a month. A man, 30 years old, with penetrating stab wound of the abdomen, extensive protrusion of the small intestine, was wounded in three places, the hæmorrhage being copious; laparotomy was performed, the injured intestines were sutured and returned, and the external wound closed. Recovery took place in seven weeks. A fourth case was that of a woman, 28 years old, with penetrating pistol-shot wound,—double perforation of the stomach and intestines. Laparotomy was performed six hours after infliction of the injury, median section being done; the injured parts united by double sutures, the cavity thoroughly cleansed antiseptically, and the incision closed. The patient recovered.—*Przeglad chirurgiczny*, Nos. 1, 2, 1893.

Surgery of the Gall-bladder.—TAWDYNSKI states that permanent closure of the common biliary duct by calculi, also empyema and dropsy of the gall-bladder, and frequent attacks of hepatic colic are indications for cholecystostomy and cholecystectomy. The author reported 9 cases in which he had performed these operations, in 8 cases for lithiasis and in 1 case for cancer of the liver and pancreas complicated with dropsy of the gall-bladder; in 7 of the cases cholecystostomy and in 2 cholecystectomy were done. In 2 cases the patients recovered completely, in 3 the results were incomplete, and in 4 the operation was followed by death.—*Przeglad chirurgiczny*, pp. 9–42, 1893.

Clinical Notes.

Broncho-pneumonia in Infancy.—In a recent lecture at the Hôpital des Enfants Malades at Paris, M. JULES SIMON discussed this disease and the principles which should guide its treatment. Among the affections of early

life it is one of those attended with the greatest mortality. Broncho-pneumonia is almost always a secondary affection; when not consecutive to an infectious disease, it is preceded for some time by a slight bronchitis. This bronchitis should not be allowed to pass without treatment, but should be looked upon as a veritable disease, especially if there be fever. The upper respiratory tract should receive careful attention; the nose should be cleansed by sprays, ointments applied to the orifices, and antiseptic applications made to the throat, even when no exudate is present. The face and linen should be kept scrupulously clean, and the child separated from other children, who should not be permitted to use the same toys or other objects. This preventive treatment is of great importance, owing to the large mortality from broncho-pneumonia in childhood. As soon as the disease has declared itself, active treatment must be instituted. Dry cups are generally of value, but if the congestion is considerable, with a tendency to asphyxia, wet cups are necessary. A blister should be used with caution, not being allowed to remain longer than three hours, when it should be replaced by poultices. Baths may be of service, but M. Simon does not use cold baths except in unusual cases; he employs baths of 34° C. (93° F.), reducing the temperature little by little, in cases where there is great excitement which does not yield to other measures. Internal treatment should consist, above all, of the administration of 0.20 to 0.30 gramme (3 to 4½ grains) of hydrochlorosulphate of quinine in suppositories, up to the age of 4 years, the dose to be given twice daily in older children. Brandy, in doses of 20 or 30 grammes (⅔ to 1 fluidounce), should also be given to children over 2 years of age, 5 to 10 grammes (1¼ to 2½ drachms) of syrup of ether being added in cases where there is agitation, or 0.50 gramme (7½ grains) of acetate of ammonium where there is depression. M. Simon insists that three medicaments should be avoided, viz., bromide, opium, which is always too depressing, and emetics. It is not always possible to avoid the use of emetics in the beginning, when the disease is not yet clearly outlined; besides, an emetic may have been given by the family before a physician is called. Frequently a dose of ipecac does not cause vomiting, but a profuse diarrhœa, which weakens the patient. Some cases of broncho-pneumonia show predominant symptoms, which it is absolutely necessary to treat. If excitement is excessive, bromide of potassium may be given with the syrup of ether. If, on the other hand, the depression is extreme and persistent, a blister may be applied to the nape of the neck. If bulbar symptoms appear, digitalis should be used to regulate the circulation. Sometimes vomiting is almost constant. This should be counteracted with an effervescent draught, cracked ice with sugar, or a blister over the pit of the stomach. Some children suffer from diarrhœa during the entire attack; this should be diminished by means of rhatania and bismuth, lime-water, and rice-water, always avoiding opium. The abdomen is nearly always distended in these cases, and, to combat this condition, injections of absorbent powders, such as chalk and magnesia, should be used, and the abdomen rubbed with a mixture such as the following: Tincture of nux vomica, 1 gramme (15½ minims); camphorated oil of anthemis, 20 grammes (5 fluidrachms).

These measures are not specific, but depend for their success on the manner in which they are employed, and on their opportune application; and if the physician watch the case carefully, so as to meet each new indication, success may attend his efforts, even in seemingly hopeless cases.—*Journal de Médecine et de chirurgie pratiques*, January 10, 1894.

The Relative Frequency of Fibroid Processes in Dark-Skinned Races.—Dr. Edward C. Balloch, of Washington, in a paper upon this subject, after quoting many authorities, states that the following conclusions may be drawn: 1. The dark-skinned races differ from the white race anatomically, physiologically, and pathologically. 2. There are three diseases characteristically frequent in the dark-skinned races, as shown by the independent testimony of English, French, and American observers. These are elephantiasis Arabum, keloid, and the so-called uterine myomata. 3. These are all mesoblastic growths, and in general terms their essential characteristic may be said to be an increased development of fibrous tissue, due to proliferation of cells around the capillaries, these being increased in number and size and having thickened tunicæ adventitiæ. They are true inflammatory scleroses. 4. In respect to malignant growths, the same connective-tissue type predominates. 5. It may be laid down as a pathological law, not heretofore enunciated, that there is some peculiarity in the dark-skinned races rendering them liable to growths of a fibrous nature in a degree greatly exceeding that observed in the white race.—*Medical News*, January 13, 1894.

The Origin of Tetanus.—Courmont and Doyen offer the following theory as to the pathogeny of tetanus: 1. The bacillus of Nicolaïer engenders tetanus by means of a soluble ferment which it forms. 2. This ferment, which is not toxic in itself, elaborates at the expense of the organism a substance directly tetanizing, comparable in its effects to strychnine. 3. This tetanizing substance is found in abundance in the muscles in tetanus; it also exists in the blood, and sometimes in the urine. 4. It resists prolonged boiling, while the bacillar products become inactive after heating to 65° C. (150.8° F.). 5. Favorable conditions of temperature are required for its formation; this explains the immunity of the frog in winter. 6. Natural or acquired immunity against tetanus may be regarded as the result of causes preventing, retarding, or arresting this fermentation. 7. It is probable that other microbian, so-called toxic substances may also act as soluble ferments in producing toxins at the expense of the organism.—*Revue de Médecine*, January, 1894.

Surface-Temperatures as Affected by Posture of Limbs.—A series of observations upon surface-temperatures, made by Dr. F. S. Pearce under the direction of Dr. S. Weir Mitchell, has induced the latter to formulate the following conclusions: The temperature of the dorsum and sole of the feet is, on an average, from 0.4° to 1° C. (0.72° to 1.8° F.) less when standing erect than when lying horizontally. All things being equal, the morning surface-temperature is less than the evening surface-temperature on the dorsum or sole of the feet. The mouth-temperature varies little as between lying down and standing; or, if it change, there is a very slight rise. The

nearer the trunk, the less do the surface-temperatures vary in different portions of the body. The palms of the hands are the warmest parts of the extremities; their surface becomes less warm as the extremity is moved from a resting horizontal position to one of hanging down loosely, and finally to being held up in a vertical position. The foregoing obtains whether the body lies supine or is held erect. The two hands or the two feet vary somewhat in temperature in the same person under equality of conditions. At times the right member is warmer, at others it is the left.—*Medical News*, January 6, 1894.

Pyrozone in Nasal Diseases.—James E. Newcomb has used a 3-per-cent. aqueous solution of pyrozone to remove crusts or inspissated secretions from the nose or naso-pharynx. A small atomizer was employed, and the solution slightly warmed. A momentary tingling is produced by the remedy, but this quickly subsides. He regards pyrozone as a valuable agent, not only in cleansing the cavities, but in relieving the symptoms due to enlarged glands at the base of the tongue.—*Journal of the American Medical Association*, p. 770, 1893.

Thyroid Extract in Myxœdema.—Dr. F. C. Shattuck, of Boston, has treated four cases by thyroid extract, three of these being undoubtedly cases of true myxœdema, which the author believes can be added to the rapidly-lengthening list of cures by this treatment. The other case did not improve, the diagnosis, however, not being certain. Dr. Shattuck calls attention to the fact that in this, as in other diseases, there are differences of degree, total inactivity or loss of the gland being one thing, partial inactivity or loss another. Anginoid attacks are the most important untoward symptom likely to be encountered. It seems probable that the use of the remedy must be persisted in through life, and that larger doses will be required during the cold than during the hot weather. The initial dose, 1 grain (0.065 gramme), was cautiously increased according to the case.—*Boston Medical and Surgical Journal*, February 22, 1894.

Recent Suggestions in Therapeutics.

Acne.—For acne, varicose dilatation of the small vessels of the face, and seborrhœic eczema of the head: *Tincture of hamamelis*, 5 grammes (1¼ fluidrachms); *alcoholic tincture of aconite-root*, 1 gramme (15½ minims); *tincture of nux vomica*, 3 grammes (46 minims); *tincture of bradian, gentian*, and *rhubarb*, each 4 grammes (1 fluidrachm); 20 drops at beginning of each meal. To facilitate digestion, a cup of very hot infusion of *chamomile* at end of meal. (Brocq, *Journal de Médecine et de chirurgie pratiques*, January, 1894.)

Anæmia.—*Saccharated carbonate of iron*, 1 drachm (4 grammes) daily; *aloin*, $\frac{1}{10}$ grain (0.006 gramme) daily; *arseniate of sodium*, $\frac{1}{40}$ grain (0.0015 gramme), and *cannabis Indica*, ¼ grain (0.016 gramme) three times daily. (De Garmo, *Post-Graduate*, January, 1894.)

Angiokeratoma of Hands.—*Electrolysis.* Battery containing 24 elements, galvanometer marking 5 to 7 milliampères. Positive pole (pad soaked in salt water) fixed to one arm, negative pole being fine needle of platinum-iridium, not protected by a silk thread close to the point. Telangiectatic points pricked in succession, their red color disappearing instantly, needle being at once withdrawn.

Bronchitis in Infants.—*Oil of amber*, 1 part; *olive-oil*, 3 parts. Apply locally to back and chest. (Hare, *College and Clinical Record*, February, 1894.)

Chancre.—Spray with full-strength (15 volume) solution of *peroxide of hydrogen* at 60 pounds' pressure; dress with *iodol* powder. Treat thus daily. A thick film of albumen forms upon ulcer; allow this to remain and continue spray until 1 ounce (31 cubic centimetres) has been used. All instruments, spray-tubes, and bottles must be made either of glass or hard rubber, and *peroxide of hydrogen* must be fresh. The pressure of spray (60 pounds) is an important factor, killing the germs of disease at very base of ulcer; the peroxide aërates blood through capillaries and arrests the progress of disease at nearest point. (Willard Parker Worster, *Journal of Cutaneous and Genito-Urinary Diseases*, February, 1894.)

Cholera.—At onset, *veratrum album*, 15 to 20 drops of alcoholic tincture, every quarter-hour, diminishing number of doses as patient improves; 150 grammes ($4\frac{3}{4}$ fluidounces) of water containing 5 per cent. of alcohol. Appropriate local treatment. Of 1000 patients thus treated in America and Southern France, mortality was but 9 per cent. (E. Lintilhac, *Bulletin Gén. de Thérapeutique*, February 15, 1894.)

Diarrhœa due to Proctitis.—Injections of *chlorate of potassium*, 20 grains (1.3 grammes) to the ounce (31 grammes); 1 ounce to be injected at a time. (Hare, *College and Clinical Record*, February, 1894.)

Eczema.—Regular applications of electrical current from three to four minutes daily. (Nundo Lall Ghose, *Indian Medical Reporter*, January 1, 1894.)

Epistaxis.—Plugs of gauze soaked in strong solution of *antipyrin*. (Da Costa, *College and Clinical Record*, February, 1894.)

Ganglion.—Incision (antiseptic) large enough to permit of gelatinous substance being pressed out of sac. Compression with one hand, application with other of *medicated collodion* to incision, covering more than area of ganglion. Formula: *collodion*, 1 ounce (30 grammes); *tincture chloride of iron*, *tincture iodine*, *glycerin*, *carbolic acid*, each 10 to 15 drops. This closes wound, excludes air, causes compression. As soon as collodion cracks, loose portions to be removed, fresh application made. To be used by patient every two or three days, until sac has lost secreting power. (J. W. Gregg, *Medical Brief*, January, 1894.)

Hæmorrhoids.—*Aloin*, *ext. belladonnæ*, *ext. nucis vomicæ*, āā $\frac{1}{3}$ grain (0.02 gramme). Make 1 pill, to be taken at bed-time; continued indefinitely.

Hæmorrhoids (*continued*).

If much bleeding or relaxation, distilled *hamamelis* locally, dipped in lint. (McCall, *Medical Summary*, January, 1894.)

Influenza.—*Phenocoll*, 1 drachm (4 grammes); fluid extract of *gelsemium*, tincture of *stropanthus*, each 16 drops; *saccharin*, 2 grains (0.13 gramme); distilled water, q. s. to make 8 ounces (248 grammes). Half a teaspoonful of solution in $\frac{1}{2}$ glass water every two to six hours, to ease pain and cool fever. (Q. C. Smith, *Notes on New Remedies*, January, 1894.)

Lupus.—*Salicylic acid*, 1 drachm (4 grammes); extract of *cannabis Indica*, 10 grains (0.65 gramme); flexible *collodion*, ad 1 ounce (31 grammes). Paint diseased area twice a week. (E. Mansel Sympson, *Practitioner*, February, 1894.)

Migraine.—*Cannabis Indica*, 15 to 20 drops of the tincture (360 grains—23 grammes—to the pint—$\frac{1}{2}$ litre) once in six or eight hours, second dose slightly larger. If attack is influenced, continued use of drug twice daily will usually protect against future attacks, and, if persisted in, will cure many cases. (H. Gradle, *Medical News*, March 3, 1894.)

Mode of Controlling the Circulation through the Abdominal Aorta.—As patient lies on his back the assistant, facing patient's feet, stands on the left side of the table, in a line with patient's umbilicus. He then places his closed right hand upon the patient's abdomen a little to the left of the middle line, the knuckles of index finger just touching upper border of the umbilicus, so that the whole shut hand will embrace about three inches of the distal extremity of the aorta above its bifurcation. Then, standing upon his left foot, his right foot crossing his left and resting upon the toes of the right,—an attitude commonly assumed by public speakers,—he leans upon his right hand, and thereby exercises the necessary amount of pressure. With the index finger of the assistant's left hand the weight necessary for the purpose can easily be estimated by the effect produced upon the flow of blood through the common femoral at the brim of the pelvis. Whenever the flow of blood through the femorals is absolutely arrested the abdominal aorta is sufficiently controlled, and no further weight should be applied. (Macewen, *Annals of Surgery*, January, 1894.)

Rheumatic Fever.—*Salicylate of sodium*, *bicarbonate of sodium*, each 15 grains (1 gramme) every hour until urine becomes distinctly alkaline; then stop *bicarbonate* and continue *salicylate* until pain and fever disappear. (J. C. Wilson. *College and Clinical Record*, February, 1894.)

Scarlet Fever.—Temperature of room, 70° F. (21.1° C.). Fair dose of *calomel* at beginning of average case to guard against auto-infection. Diet of milk, broth, farinaceous food. Keep patient in bed several weeks, even in mild cases, to avoid nephritis. If fever, give at its onset bath of 90° F. (32.2° C.). If fever reached 107° or 108° F. (41.7 or 42.2° C.), cold pack. If skin be dry, *tincture of aconite*. Wash body with alcohol and water, occasionally with cold water. If brain symp-

toms, ice-bag to head. Treat throat complications through nose, using physiological salt solution, *boracic-acid* solution, or *corrosive-sublimate* solution, 1 to 3000 or 10,000. If glandular abscess, incise and remove necrotic tissue under *cocaine*, *tincture of iodine*, or *subnitrate of bismuth* to disinfect. If acute valvular disease, *iodide of potassium*, *opium*, and ice; never digitalis. If nephritis follow, with uræmic convulsions, *pilocarpine* subcutaneously, with *strychnia* or *camphor* injections. In chronic cases, *iodide of potassium* month after month, or *bichloride of mercury*, $\frac{1}{30}$ grain (0.002 gramme) for months. (Jacobi, *Archives of Pediatrics*, January, 1894.)

Seasickness.—*Chlorobrom.*, 4 to 6 drachms (16 to 23 grammes), divided so that 1 teaspoonful may be taken every five minutes. (Charteris, *Journal of the American Medical Association*, December 23, 1893.)

Atropin. sulphat., 0.02 gramme ($\frac{1}{3}$ grain); *strychnin. sulphat.*, 0.04 gramme ($\frac{2}{3}$ grain); *aquæ menth. pip.*, 40 grammes ($1\frac{1}{4}$ fluidounces). One cubic centimetre ($15\frac{1}{2}$ minims) hypodermatically for an adult; a second injection in two hours, if necessary. No more than three per day should be given. In children 0.17 gramme ($2\frac{1}{2}$ grains) of the solution has proved sufficient in some cases, 0.25 and 0.50 gramme (4 and 8 grains) in others. (W. W. Skinner, *New York Medical Journal*, December 23 and 30, 1893.)

Syphilis Maligna Præcox.—Locally: *Boric* baths, *boric vaselin*, or *boric* compresses. Render lesions antiseptic, cover with dressing of *boric* alcohol-water. Vigo's *mercurial* plaster on most superficial ulcerations. Change dressings daily.

Internally: *Extract of quinine*, 3, 4, or 6 grammes ($\frac{3}{4}$, 1, or $1\frac{1}{2}$ drachms); *syrup of bark of bitter orange*, 60 grammes (2 ounces). To be taken two or three times daily. Also *iodine*, 2 grammes ($\frac{1}{2}$ drachm); soluble extract of *rhatany*, 8 grammes (2 drachms); syrup 1000 grammes (1 quart). Two tablespoonfuls daily, one in morning, other at night; sometimes three. Regulate diet; give only milk to drink. Watch urine. No *iodide of potassium*. When strength returns without complications, give *proto-iodide of mercury*, 5 grammes ($1\frac{1}{4}$ drachms); *extract of opium*, 1 gramme ($15\frac{1}{2}$ grains). To make 100 pills, each containing 0.05 gramme ($\frac{7}{8}$ grain) of *proto-iodide of mercury*. (Fournier, *British Journal of Dermatology*, January, 1894.)

Typhoid Fever.—*Naphthalin*, in doses of 6 to 10 grains (0.39 to 0.65 gramme) every four hours, together with a tablespoonful of *saturated solution* of *chloroform* in water every hour while the patient is awake. Temperature controlled, when above 101° F. (38.3° C.), by *phenacetin*, 10 grains (0.65 gramme) every four hours. The taste of the *naphthalin* can be disguised by inclosing the drug in palatinoids. In cases so treated the fever never exceeded twenty-seven days, was without delirium, and convalescence was uninterrupted. (Robert Bell, *Provincial Medical Journal*, February 1, 1894.)

At beginning of attack: $\frac{1}{6}$ grain (0.01 gramme) *saccharated calomel*,

Typhoid Fever (*continued*).

combined with *bicarbonate of sodium*, every hour until bowels are evacuated; repeated every day or every other day, according to indications, for ten days, until diarrhœa supervenes,—a rare occurrence. Safe, ancient, proven, and satisfactory remedy. (J. Wellington Byers, *Charlotte Medical Journal*, January, 1894.)

On appearance of first bloody stool: *Subnitrate of bismuth*, 10 grammes (2½ drachms) every two hours for an adult, continuing three or four days in decreasing doses (60, 30, 10, and 5 grammes—1¾, 1, ⅓, and ⅙ ounces—in twenty-four hours). Guard against constipation and stop *bismuth* on fourth day. Dose for child of 12 years, 40 grammes (1¼ ounces) in twenty-four hours. (Letulle, *La Presse Médicale*, January 7, 1894.)

Never interfere with temperature, except in cases of urgent need; *beta-naphthol*, 5 grains (0.32 gramme) every three or four hours throughout the course of the disease; *strychnine*, $\frac{1}{60}$ to $\frac{1}{40}$ grain (0.001 to 0.0016 gramme) every four hours, and, for extreme prostration, $\frac{1}{30}$ grain (0.002 gramme) every two hours, alternating with 20 drops of *aromatic spirit of ammonia* for several days. (W. H. Washburne, *Western Medical Reporter*, January, 1894.)

In early stage: *Mercurial* purge; if great fever, *phenacetin*, 1 drachm (4 grammes); *saloli*, 24 grains (1.5 grammes); *creasote*, 12 drops; *quinia sulph.*, ½ to 1 drachm (2 to 4 grammes). M. et ft. cap. no. xxiv. Sig.: Two every four or five hours. If fever is not high, wet pack, sponging with *spt. myrciæ*, 1 ounce (31 grammes) to 1 pint (½ litre) of water, and ice-bag. If there be tympanites, tendency to delirium, or harsh, dry tongue, from 2 to 3 drops *oil of turpentine* in each dose above. Acidulous drink, milk, and concentrated foods. (J. Thomas Wright, *North Carolina Medical Journal*, January, 1894.)

Selected Contributions to Recent Literature.

The Nature of the Germicidal Constituent of Blood-serum. By Victor C. Vaughan, M.D., Ph.D., and Charles T. McClintock, Ph.D., of Ann Arbor, Mich.—*Medical News*, Philadelphia, December 23, 1893.

Contributo all Casuistica delle Polineuriti Sifilitiche, del Dott. Emilio Perrero.—*Gazzetta Medica di Torino*, January 4, 1894.

The Relation of Dust in Hospitals to Tuberculous Infection. By G. A. Heron, M.D., D.P.H.Glasgow, F.R.C.P.Lond., Physician to the City of London Hospital for Diseases of the Chest, and F. H. Arnold Chaplin, B.A., M.D.Cantab., M.R.C.P.Lond., Assistant Physician to the City of London Hospital for Diseases of the Chest.—*Lancet*, London, January 6, 1894.

Ueber die im Verlaufe der lobären Pneumonie der Kinder auftretenden Veränderungen der Blutes. Von Prof. Monti und Dr. Emil Berggrün in Wien.—*Archiv für Kinderheilkunde*, Stuttgart, B. xvii, H. 1, 1893.

La Désinfection dans la Rougeole, par le Dr. J. Comby, Médecin de l'Hôpital Tenon.—*La Médecine Moderne*, Paris, January 6, 1894.

Some Important Points in the Diagnosis and Treatment of Mammary Cancer. By A. Marmaduke Shield, M.B., F.R.C.S.—*The Clinical Journal*, London, January 10, 1894.

Einige Versuche über Hirndruck. Von Prof. E. Albert und Dr. Julius Schnitzler.—*Internationale klinische Rundschau*, Vienna, January 7, 1894.

Ett Kejsarsnitt. Af Carl Wettergren.—*Hygiea*, Stockholm, December 8, 1893.

Le Jeune, le Pancréas, et le Rate, par M. A. Herzen.—*Archives de Physiologie Normale et Pathologique*, Paris, January, 1894.

The Micro-Chemical Reaction of Cells in their Relation to Immunity. By J. Alfred Scott, M.A., M.D.Univ.Dubl., President of the Pathological Section of the Royal Academy of Medicine in Ireland, Professor of Physiology in the Royal College of Surgeons in Ireland.—*The Dublin Journal of Medical Science*, January 1, 1894.

Note sur le typhus exanthématique en France en 1893, la situation actuelle relativement à cette Maladie, et l'importance d'un diagnostic précoce au point de vue de la prophylaxie, par M. A. Proust.—*Bulletin de l'Académie de Médecine*, Paris, January 2, 1894.

Cas de simulation ayant entrainé la mort, par M. Spruyt.—*Archives médicales Belges*, Brussels, December, 1893.

Monographs Received.

The editor acknowledges, with thanks, the receipt of the following monographs:—

The Management of Foreign Bodies in the Air-Passages, by *Max Thorner, A.M., M.D.*, Cincinnati, Professor of Clinical Laryngology and Otology, Cincinnati College of Medicine and Surgery.——Transactions of the Ophthalmological Society of the United Kingdom, vol. xiii, Session 1892–93. London, *J. & A. Churchill.*——La Conferencia de Dresde, por el *Doctor D. Rafael Rodriguez Mendez*, Seville, Spain, 1893.——The Necessity of Special Institutions for the Consumptive Poor, *H. Longstreet Taylor*, St. Paul, Minn.——Surgery of the Ureters; a Clinical, Literary, and Experimental Research, by *Weller Van Hook*, Chicago, Ill.——Meetings of State Board of Health, Lansing, Mich., January 13, 1894.——Liquor Sedans, Saw Palmetto, Damiana, Pichi, and Stylosanthes Elatior: Their Uses in Nervous Diseases, by *John J. Caldwell*, Baltimore, Md., January, 1894.——The Erectile Tissues: Their Physiology, Pathology, and Treatment, by *J. J. Caldwell*, Baltimore, Md., October, 1893.——The Pilgrimage and Civilization of the Toltecs, by *David Cerna*, Galveston, Texas, June 19, 1893.——Troubles Oculaires de la Malaria, par *Lucien Raynaud*, Paris, France.——Notes on the Demonstrations in Morbid Anatomy, Including Autopsies, by *Henry W. Cattell*, Philadelphia.——Some Practical Post-mortem Points, by *Henry W. Cattell*, Philadelphia.——The Action and Uses of Pental, by *David Cerna*, Galveston, Texas.——Notes on Some Congenital Anomalies Connected with the Bronchial Apparatus, by *Rudolph Matas*, New Orleans, La.——Perforation of Meckel's Diverticulum in a Case of Typhoid Fever, by *Henry W. Cattell*, Philadelphia.——Some Special Points on the Performance of Autopsies on the Newborn, by *Henry W. Cattell*, Philadelphia.——Zur Laparotomie bei Ileus im Kindesalter, von *Prof. Dr. Carl Bayer*, Prague.——Ein Beitrag zur Œsophagus-Chirurgie, von *Prof. Dr. Carl Bayer*, Prague.

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VOLUME I.

Diseases of Lungs and Pleura.	Maladies des poumons et de la plèvre.	Krankheiten d. Lungen u. Pleura.	Prof. Whittaker, 100 W. 8th St., Cincinnati, U. S. A.
Dis. of Heart, Pericardium, and Vessels.	Mal. du cœur, du péricarde.	Krankh. d. Herzens u. Pericardium.	Dr. Whittier, 647 Boylston St., Boston, U. S. A.
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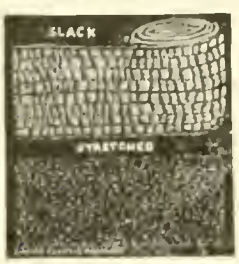

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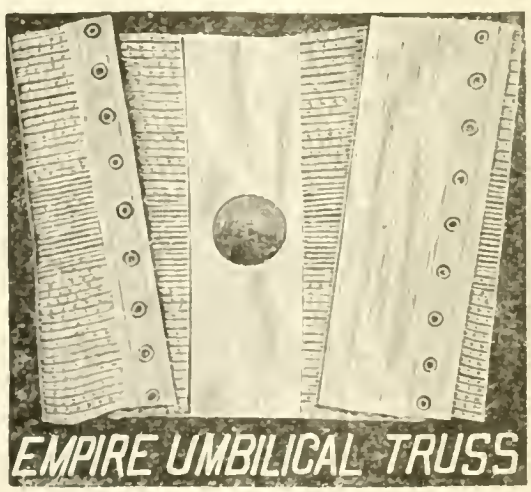

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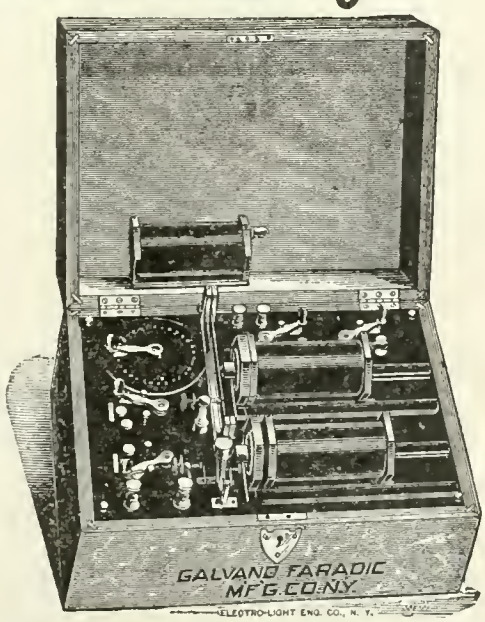

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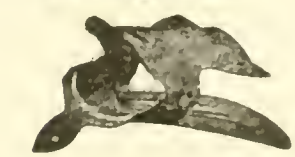

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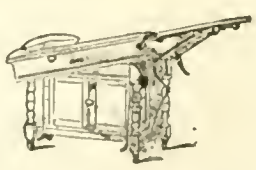

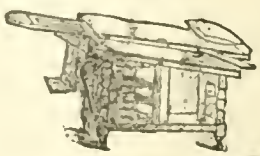

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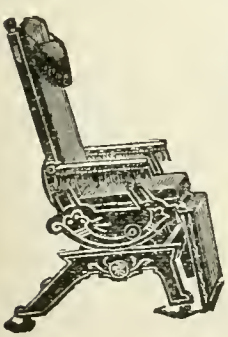

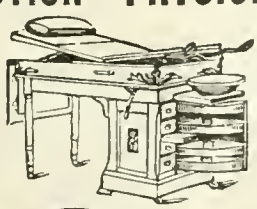

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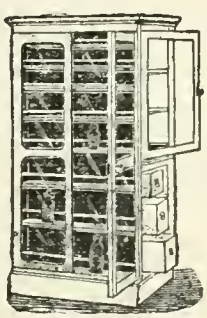

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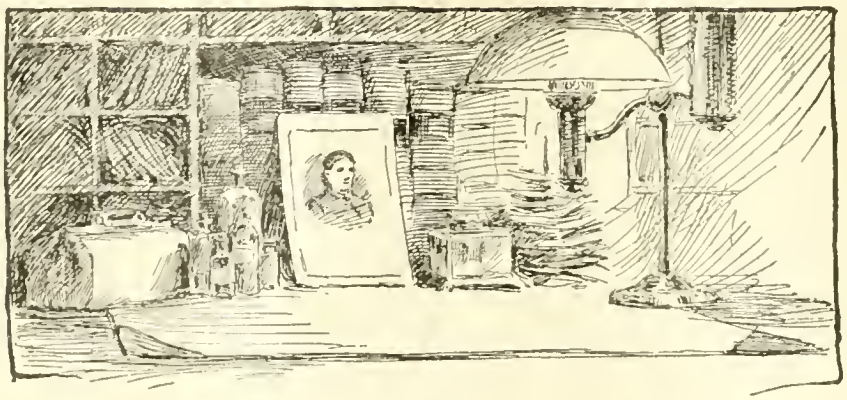

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Bichromate of Potassium in Gastric Affections.—Dr. Fraser, of Edinburgh, has had excellent results from the use of this remedy in diseases of the stomach, especially in cases of ulcer and dyspepsia. He related a series of such cases in which the drug had been of value. The dose generally administered was 5 milligrammes three times a day; in rare cases the patients took 1 centigramme three times a day, either in pills or in solution, preferably fasting.

From his experience it would seem that potassium bichromate causes rapid and sometimes definitive disappearance of the various symptoms of

dyspepsia,—pain, vomiting, sensitiveness, and pressure in the epigastric region. It would be reasonable to suppose that a remedy which causes the disappearance of the dyspepsia would at the same time cure the anæmia resulting from the dyspeptic condition. Such, however, is not the case. The action of the drug seems limited to the stomach. One patient who before treatment had 4,300,000 red globules showed but 4,100,000 after treatment. For the anæmia consequent on dyspepsia, therefore, recourse must be had to iron preparations.

The beneficial effect of potassium bichromate in dyspepsia depends upon the antiputrefactive power which it possesses to such a high degree. It is also probable that it acts as an analgesic to the mucous membrane of the stomach, and that it influences the function and nutrition of certain anatomical elements.—*Le Bulletin Médical*, April 29, 1894.

The Early Diagnosis of Phthisis.—Dr. Bernheim, of Paris, reminds us that in animals inoculated with tuberculous virus the lymphatic glands in the neighborhood of the point of inoculation become swollen and the spleen enlarged, the hypertrophied organ surpassing sometimes the volume of the liver. At a more advanced period the entire lymphatic system is involved, and Koch's bacillus is found in the parenchyma of the glands. On the contrary, this micro-organism is rarely discovered in the blood, which medium it appears to find an unfavorable soil for its growth. So it is with human beings; for, although inoculation of the blood of a tuberculous man into animals will sometimes provoke the onset of tuberculosis, even diligent search will generally fail to reveal the presence of the bacillus in the blood. Every one is familiar with the general clinical signs of commencing phthisis, —wasting, gastric and nervous troubles, elevation of temperature (Ringer), etc. To the foregoing signs Dr. Bernheim adds the following more specific ones: (1) the examination of the secretions (urine, excess of phosphates and diminution of urea; blood, changes in configuration of the corpuscles; expectoration, presence [rare] of bacilli, urine ditto); (2) the inoculation of the patient's blood into an animal; (3) the examination of the lymphatic system (in many cases of commencing phthisis the glands are enlarged); (4) the constant hypertrophy of the spleen; (5) the improvement introduced by the inoculation of these beginning cases of phthisis with immunized serum, the condition of other patients not being ameliorated by serotherapy. Of course, the association of several of the above signs is necessary before the diagnosis can be affirmed; but the early and constant enlargement of the spleen is a sign to which sufficient attention has not been called.—*Lancet*, p. 1038, 1894.

Non Nocere—Harm Not.—Prof. A. Jacobi delivered an address having the suggestive title of "Non Nocere." There was a neglect in the study of special branches at the expense of progress in general medicine. Many of the so-called specialists were untrained men, and others calling themselves scientific men were given to accepting and even advocating proprietary medicines and food nostrums, encouraging fads of sensational treatment of tuberculosis, cholera, and senility. Harm was also done by rash surgical and gynæcological interference, while overdosing was just as bad, as well

as the so-called expectant treatment. The latter was often a convenient cover for incompetency and ignorance. Harm was often done by neglecting intubation and tracheotomy at critical junctures. Diseases like pertussis, which could be shortened, must be treated to prevent complications; eruptive diseases be watched and treated to avoid mental disturbance or collapse. Pneumonia may require venesection to save life. In convalescence strong stimulants and great care are needed, and so-called maximum doses were safeguards more for the physician than the patient. The over- and under- feeding of infants, the evil effects of excessive sugar in their foods, associated with acid catarrh, were discussed, and sterilized milk as the only food was characterized as highly objectionable. The neglect of asphyxia neonatorum led to cerebral disease and idiocy, and by want of care in asepsis wound-infection in the newborn often occurred. The so-called chronic constipation in infants was due to extra length of the sigmoid flexure. Unless this was correctly treated, enteritis and auto-infection with fever followed. The difficulty corrected itself during the sixth or seventh year. Harm was done in diphtheria by forced applications to struggling children. He had collected thirty-three cases of craniotomy for idiocy and macrocephalus, and found that the results were always negative. A skull in Sach's possession proved the existence of contraction rather than enlargement of cranium as the result of operation.—*Provincial Medical Journal*, May 1, 1894.

Parasitism of Cancer.—One of the most interesting discussions was that on the parasitism of cancer, in which Pio-Foá, Cornil, Duplay, Cazin, Ruffer, and others took part. It is known that Pio-Foá, referee, is one of the most strenuous advocates of the parasitic or infectious nature of malignant neoplasms. The "parasites" are certain protoplasmic bodies—when fully developed inclosed in a distinct capsule—contained in the cancer-cell; sometimes within, sometimes without, the nucleus; and resembling the spores of protozoa. Soudakevitch, Ruffer, Walker, Clarke, and others have described such elements, which they regard as sporozoa, bearing a resemblance to the hæmatozoa of malarial fever. These parasites are common to almost all cancers of glandular origin. The peripheral portions of the neoplasm contain parasites of small dimensions, while at some depth from the surface are found large sporocysts. In parts which are rich with parasites, karyokinesis is wanting or is little marked. On the other hand, in parts where the proliferation of the tissues is active, the parasites are wanting or are few in number. This shows that they live but in tissues whose vitality is low. Arguments were advanced to prove that these bodies were not degenerate cell-nuclei. Pio-Foá claims to have followed all the stages of development from a little corpuscle the size of a nucleolus to the sporocysts as large as a full-sized cell-nucleus. Thus far, it has been impossible to obtain cultures of these parasites. Cancer is not inoculable by grafting, except in individuals of the same animal species.

Though parasites may not be found in all tumors manifestly cancerous, they doubtless exist there in the state of spores difficult to distinguish from nuclei. These spores infect other cells, and are transported with them into the secondary nodules, where the parasite develops anew, and where it

infects other histological elements. The cells containing the parasites eventually die and disintegrate, while the surrounding cells undergo a process of active proliferation.

Professor Cornil, of Paris, declares himself as yet far from convinced that the forms which Foá and others described are parasites. We find in cancer a great number of modifications of the form of cells and of nuclei which might easily be taken for parasites. The nuclei of cancerous cells divide sometimes into two, sometimes into three, four, or more secondary nuclei, and these divisions end in the production of two or more cells, each containing a nucleus, or in the production of several nuclei inhabiting the protoplasm of several cells. The nuclei of the cells undergoing division are small and rich in chromatic material, but they soon become fimbriated on their borders, knobbed, with predominance of liquid in their interior; they may become completely achromatic. They will then present the most varied shapes, from crescents to double sacs, crowns, small knobby or spherical masses (secondary nuclei), containing little coloring substance. These transformed nuclei sometimes present an œdematous appearance (hydropic nuclei). The result of close observation with staining methods has convinced Cornil that Foá's parasites are only metamorphosed nuclei, a product of morbid karyokinesis. According to Cornil, there are found also in cancer degenerated cells whose protoplasm stains red, and which contain, in place of nuclei, granules, filaments, or masses of nuclein representing the different forms of indirect division, without the occurrence of achromatic filaments or of clear space around the divided nuclein. These are cell degenerations arrested in one of the phases of indirect division of the nuclei. Cornil remarked that even migrating leucocytes interposed between cancer-cells had been mistaken for parasites, especially when they had retrograded and had broken up into fragments of nuclein.

Duplay and Cazin, of Paris, stated that their researches on the structure of the constituent elements of epithelial cancers had led them to the same conclusions as those of Professor Cornil. The coccidia of Foá and others are only forms of cell degeneration, products of "indirect division," and have no parasitic character.

Ruffer, of London, spoke in support of the claims of Pio-Foá, corroborating his conclusions; while Morpurgo, of Turin, as stoutly confirmed the position of Cornil, Duplay, and Cazin; so that the parasitic, and in particular the psorospermic, origin of cancer may be considered as still *sub judice*. We have to oppose to the weight of Professor Cornil's assurance that the "organisms" are simply altered histological elements, the decided opinion of Metschnikoff and Sims Woodhead that they are "undoubted coccidia." Admitting the nature of these bodies to be parasitic, it might be claimed that they are only the accompaniments of malignant growths, not the cause. The conditions of their growth and development, according to Dr. Sims Woodhead, are a lowered condition of the vitality of the epithelial elements in which they make their habitat. Finding a suitable soil, they multiply, secrete their toxins, and, by their irritant action on the parts which they invade, resemble certain well-known pathogenic microbes, espe-

cially Koch's bacillus, in the degenerative processes and products which they entail. One extremely weak link in the chain of evidence, as Dr. Woodhead admits, is that hitherto inoculation experiments with cancerous material have very rarely been successful in producing any cancerous reaction.—*Boston Medical and Surgical Journal*, April 19, 1894.

AUSTRIA.

K. K. Gesellschaft der Aerzte in Wien.

Meeting of April 6, 1894.

Recurrence of Hard Chancre.—Professor Neumann presented a patient suffering from recurrence of hard chancre at the point of the initial lesion, on the upper lip. The chancre, which recurred after an interval of four years, presented exactly the same appearances as the first, and on examination was found to be sclerosed, and not gummous. Professor Neumann believed it wrong to regard the lesions of syphilis as transitory and ephemeral in character. He had become convinced by microscopic examination that, even when all the clinical signs had disappeared, there remained proliferating cells in the tissues, especially along the vessels, and that under certain favorable circumstances these cells might again become active and give rise to a recurrence.

Ectopia of the Heart.—Richard von Braun-Fernwald presented an infant of 36 hours with complete ectopia of the heart. The child was delivered spontaneously, weighed 2600 grammes (5 pounds), and seemed viable. Besides the cardiac malformation there was a division of the vault of the palate and an absence of the skin over the right parietal for a space as large as the palm of the hand. The heart was absolutely devoid of pericardium, and suspended from large vessels, of which it seemed to form a sort of pedicle. The diastole and systole gave it a continuous movement. The viscera were normal. The right ventricle was situated in front and the left behind. The sternum was entirely absent and the two clavicles were united only by fibrous tissue.

The anomaly was probably due, in the speaker's opinion, to the fact that during fœtal life adhesions were formed between the anterior thoracic wall and the membranes of the ovum. The heart projected through the orifice thus produced and developed outside the thorax. The child died the evening of the day on which it was presented to the society.

Dr. Reiner remarked that in this case the heart could be seen reddening during systole and becoming pale during diastole,—a fact already ascertained by experiment on animals, and showing that hyperæmia occurs during systole; at least, in the more superficial layers of the cardiac muscle.

Progressive Muscular Dystrophy.—Prof. von Limbeck presented a typical case of this affection in a patient who eight years ago had been the subject of a communication by Professor Erb, and who was presented last year before the society by Dr. Münger. The disease had commenced eight years ago with feebleness of the upper extremities, which became entirely useless. The patient was then 52 years old. Up to the present time his

intelligence has remained undisturbed, his speech is normal, and the internal organs carry on their functions regularly. There is, however, an unusual deformity of the shoulders, due to complete atrophy of the sternal striæ of the great pectoral and serratus magnus; the deltoid is hypertrophied, the muscles of the arm atrophied, those of the forearm and hand well developed. The muscles of the thigh and calf of the leg are somewhat soft and without much strength. It is to be noted that the hypertrophy of the muscles of the arms, observed by Erb eight years ago, is now replaced by atrophy, while the slight atrophy of the facial muscles then marked is barely visible at present, showing that it has made but little progress.—*Deutsche medizinal-Zeitung*, April 30, 1894.

FRANCE.

Société de Chirurgie.

Meeting of March 21, 1894.

Death from Urethral Injection of Cocaine.—M. Reclus reported the death of a man from injection of cocaine into the urethra. The patient, aged 72, suffering from a cardiac affection, with sclerosed arteries, was suffering from retention due to enlarged prostate, it being found impossible to pass a catheter owing to the obstruction. Hypogastric puncture gave him great relief.

The following day another attempt was made to pass the catheter, but in vain, and an injection of 24 grammes (6 drachms) of a 5-per-cent. solution of cocaine was made before proceeding to perform supra-pubic cystotomy. Immediately the man's face became livid, he was seized with violent trembling, sat up in bed to vomit, and fell back dead.

M. Reclus calculated that at least a gramme (15½ minims) of cocaine must have been injected, when the proper dose is generally considered to be from 0.15 to 0.20 gramme (2½ to 3 minims), solutions seldom exceeding from 1 to 2 per cent. This physician had therefore given his patient a dose five times too great. M. Reclus stated that he had performed urethrotomy after the use of 0.03 to 0.04 gramme (½ to ⅔ minim).

M. Verneuil stated that the physician had been, by his own confession, doubly imprudent in administering so large a dose to a patient with cardiac disease.

M. Tuffier said that the immediate death of the patient seemed to prove that the cocaine had penetrated the veins.—*Gazette Médicale de Paris*, March 24, 1894.

Strangulated Hernia.—M. Chaput read the history of two cases of strangulated hernia complicated with gangrene. The first was that of a woman, aged 50, who suffered for five days from strangulation of a voluminous umbilical hernia; fæcal vomiting and collapse had already set in when seen by one of his *confrères*, who immediately practiced a long median incision and opened the sac, giving issue to a quantity of fetid liquid. The protruding omentum was resected and the intestinal folds detached from their adherences, on one of which a long ribbon of gangrene was discovered.

Pinching up this portion of the intestine and turning the diseased part inside, leaving to nature the care of discharging it, the operator sutured the edges of the artificial fold together and completed the operation in the usual manner. The second case, reported by the same surgeon, was that of a strangulated crural hernia in a woman aged 58. At first taxis was tried, but it was soon evident that an operation was necessary. The strangulated intestine was found to be sphacelated to an extent of four inches, and became detached on very gentle traction. Both ends were sutured and the intestine returned. A stercoral fistula was the immediate result, but in a few days it closed spontaneously, and in three weeks after the operation the patient was quite well.

M. Chaput stated that taxis in such cases was bad practice, and should be absolutely proscribed. A few weeks previously he was called to a man, aged 50, who had a right strangulated inguinal hernia. Trying taxis, to his satisfaction he succeeded in reducing the hernia, but the following day his colleague was obliged to operate, as the hernia had returned. The intestine being sphacelated to a certain extent, an artificial anus was made, but the patient sank in a few days from exhaustion. M. Chaput said that if he had not tried the taxis, but operated, the man would have recovered. One of the most difficult questions in surgical therapeutics was to decide between suture of the intestine and artificial anus. The creation of an artificial anus is extremely simple, and can be effected without the aid of chloroform. It presents the considerable advantage of emptying rapidly the upper end of the intestine of products which contribute to poison the organism, but it presents, on the other hand, numerous disadvantages resulting from the flow of matter, which provokes frequently the development of phlegmon of the walls, inoculating the peritoneum, causing septic thrombosis of the femoral vein, with pulmonary embolus and death, as has happened in some cases within his knowledge. The mortality of this operation is placed by a very high authority at 76 per cent., and even if the patient survives all complications he remains afflicted with a disgusting infirmity, which cannot be cured but by a series of grave operations.

Resection, on the other hand, followed by suture of the intestine, does not present the same drawbacks; the mortality is less, and the operation susceptible of being rendered much easier to perform. It is true that with the suture secondary gangrene or perforation of the upper end is to be dreaded, but this accident can be avoided by not reducing the intestine, and if gangrene supervene an artificial anus can be made.—*Medical Press and Circular*, March 28, 1894.

GERMANY.

Berliner medicinische Gesellschaft.

Meeting of May 2, 1894.

Treatment of Pelvic Suppuration.—Professor Landau, in a paper on this subject, stated that most pelvic suppurations arise either from gonorrhœa, labor, or abortion, and sometimes from medical intervention. This

latter cause is not sufficiently taken into account as a cause of infection. All examination of the uterus should be avoided after curetting, and recourse should be had to intra-uterine injections only in cases of absolute necessity, as these often cause the penetration into the peritoneum of germs from the oviduct.

Extra-peritoneal abscesses may be divided into two classes,—those which develop in previously existing cavities, and those which form in the cellular tissue. Pyosalpinx belongs to the first group. Abscesses of the second class are usually seated in the parametrium, in the neighborhood of the uterus.

When an abscess has been incised parallel with the vagina, there is often difficulty in keeping open the lips of the wound, and to overcome this the speaker had already proposed the resection of the portion of the uterus comprised in the incision.

Within the past seven or eight years Professor Landau has performed tubal extirpation 141 times. Two of these patients were already in a dying condition when operated upon. Of the other 139, 4 cases were fatal, or 2.87 per cent. The operation is therefore favorable to recovery.

The symptoms of pyosalpinx are not proportionate to the gravity of the disease, the pain being generally greatest at the onset, when the muscular fibres are still capable of contraction; after a time they lose this power and the pain disappears; the case is none the less serious, but, on the contrary, more dangerous.

The greatest disadvantage of the operation is the danger of recurrence. It is impossible to remove the isthmus of the tube, as the operation would then be too bloody; and the pathogenic germs contained in this isthmus may at a certain time give rise to exudative inflammation in the stump of the oviduct, and from there spread to the pelvic tissues. For this reason several French surgeons have advised the total extirpation of the uterus and appendages by the vagina. The author had performed this operation 33 times, always successfully; in a certain number of cases, however, he was obliged to complete the operation by laparotomy.—*La Semaine Médicale*, May 9, 1894.

GREAT BRITAIN.

Obstetrical Society of London.

Meeting of April 4, 1894.

Associated Parovarian and Vaginal Cysts formed from a Distended Gartner's Duct.—Dr. Amand Routh brought forward a case of this kind, a married woman aged 25, and read notes of two analogous cases of patency of the whole length of the duct, with an anterior opening allowing free discharge, thus preventing free distension of the duct along its course. From a consideration of these cases he formulated the following conclusions:—

1. That Gartner's duct can be traced in some cases, in the adult female, from the parovarium to the vestibulum vulvæ, ending just beneath and slightly to one side of the urethral orifice.

2. Homology tends to show that Max Schüller's glands are diverticula of Gartner's duct, just as the vesiculæ seminales are diverticula of the vasa deferentia. There is reason to believe that Skene's duct is not necessarily identical with the anterior termination of Gartner's duct (as most of those who have traced Gartner's duct to the vestibule appear to think), but that it leads directly and solely from Max Schüller's urethral glands, Gartner's duct being continued to the vestibule behind, but parallel to, Skene's duct.

3. That Gartner's duct, if patent, may become distended at any part of its course, constituting a variety of parovarian cyst if the distension be in the broad-ligament portion, and a vaginal cyst if the distension be in the vaginal portion. The cases described were all instances of the association of both of these cysts owing to simultaneous patency and distension of both portions of the duct.

4. These cases may afford some explanation of obscure watery discharges from the vagina not coming from the uterus or bladder.

5. In regard to treatment, when the whole duct is distended the vaginal portion should be laid open as far as the base of the broad ligament, and the broad-ligament portion encouraged to contract and close up.

Mr. Alban Doran pointed out that, though cysts were tolerably common in the upper, horizontal portion of Gartner's duct,—*i.e.*, the part inclosed in the broad ligament,—they were very rare in the lower part; in fact, vaginal cysts of all kinds were excessively rare. This, however, was only negative evidence, and did not militate strongly against the correctness of the author's assumption in regard to the course of this duct. Fischl had succeeded in tracing the duct into the substance of the cervix, where it seemed to double back on itself. From a practical point of view cysts of the vagina required to be dealt with very cautiously on account of their anatomical relations. He referred to a case in which a vaginal cyst had attained very considerable dimensions, and was attributed to distension of Cowper's gland, but he did not believe this to be the case. He insisted that these cysts must be distinguished from cysts of the vulvo-vaginal glands, which, though surrounded by large vessels, were, nevertheless, accessible enough in the event of hæmorrhage.

Mr. Bland Sutton was disposed to accept the author's conclusion that this cyst originated in a patent Gartner's duct, but that it was just within the reach of possibility that the duct in question might have been an abnormally placed ureter; for it was well known that women sometimes possessed an accessory ureter which, in a case under his own observation, opened into the urethra near the neck of the bladder. He had examined about seventy uteri from cows and sows and found Gartner's duct running along the ventral wall of the uterine cornua, usually losing itself in the vaginal wall. The difficulty in deciding the exact termination of the duct was doubtless owing to the fact that the lower part was the first to become obliterated, and it was consequently rare to get a persistent duct the termination of which could be traced to the vagina. The early disappearance of the lower part of Gartner's duct also explained in a great measure the com-

parative rarity of cysts arising in this portion compared with the frequency of tumors of the parovarium. Cysts arose more frequently in the middle portion than one was apt to suppose, but when these attained a large size they closely simulated a parovarian cyst, with which they were usually classed. It was the co-existence of the two cysts that made the author's case particularly valuable.

Dr. Leith Napier referred to a case which seemed to have some bearing on the subject under discussion. The patient, a young married woman, who had had syphilis and probably gonorrhœa, presented a cyst the size of an orange in the right side of the pelvis, with considerable thickening on the left side. On three occasions the menstrual period had been associated with an attack of peritonitis, placing life in danger. On opening the abdomen, in the expectation of finding a tubo-ovarian cyst, he found, amidst evidences of intense peritonitis, a right broad-ligament cyst, partly of inflammatory nature, and on the left a smaller cyst about five centimetres in diameter, inside of which was a small purulent cyst as large as a pigeon's egg. He asked the author whether he could explain this curious formation on his hypothesis.

Dr. Herbert Spencer pointed out that the middle part of Gartner's duct had been traced to the uterus and along the cervix to the vagina, which he imagined was the usual course; that is to say, in the outer part of the uterine wall, and not in the broad ligament. He had in his possession a preparation of a fœtus at about the seventh month, in which the duct, somewhat dilated, could easily be seen with the naked eye, and growing from the wall a little tuft of papillomatous formation. It was generally concluded that the lining membrane of Gartner's duct was very apt to give rise to a papillomatous growth. The microscopical appearances of Gartner's and Skene's ducts were quite different, the latter being composed of glandular epithelium with numerous recesses; in fact, its structure was altogether peculiar.

Dr. Griffith observed that Skene himself did not describe the duct thus, and asked how the last speaker was certain that he was really examining Skene's duct. He and others had on several occasions vainly endeavored to find a structure corresponding to that described by Skene. The mucous membrane of the female urethra was remarkable for the great number of depressions and crypts which in some parts extended even beyond the muscular coat, and the last speaker might have examined one of these depressions. It was wrong to assume, as the author had done, that these points were definitely settled, for this was far from being the case.

Dr. J. Oliver dissented from the view that vaginal cysts were so very rare; he had met with six of them within a few months, two of which originated in Gartner's duct, both being on the right side of the vagina, extending from its roof toward the anterior wall to close upon the remnants of the hymen. One of them contained three ounces and the other six ounces of a fluid of low specific gravity, resembling that met with in parovarian cysts. The vaginal cysts, however, might contain any kind of

fluid. In one instance it was like treacle, probably owing to hæmorrhage into the cyst. He agreed that many vaginal cysts originated in Gartner's duct.

Dr. Routh, in reply, pointed out that no communication had as yet been shown to exist between Gartner's duct and Max Schüller's glands.

Medical Society of London.

Meeting of March 19, 1894.

Diagnosis of Diphtheria.—Dr. Wethered, in a paper on this subject, stated that he had examined 26 cases of diphtheria and 16 of follicular tonsillitis. His method was to obtain particles of the deposit from the throat by means of a strong piece of platinum wire fixed in a glass handle and bent into a loop at the end. The portion thus obtained was drawn over the surface of glycerin agar-agar contained in large test-tubes, which were then placed in an incubator at a temperature of 37° C. (98.6° F.) for twenty-four hours, and the cultures examined microscopically. In 16 cases of follicular tonsillitis he found staphylococci only, and in 1 case bacterium termo also, but no organisms which could in any way be mistaken for the bacilli of diphtheria. In 26 cases of diphtheria he found the Klebs-Lœffler bacillus fifteen times, streptococci three times, and staphylococci eight times. Baginski had stated that streptococci might cause mild forms of diphtheria, but of Dr. Wethered's cases 2 recovered and 1 died. He offered the following suggestions: 1. That bacteriological examination of material obtained from the throat in doubtful cases of diphtheria might prove of great service in diagnosis. 2. That on microscopical examination there was no great danger of mistaking organisms found in cases of follicular tonsillitis for the pathogenic organism of diphtheria, although the naked-eye appearance of the cultures were not characteristic. 3. That as some observers had described non-malignant organisms similar to the diphtheria bacillus, in case of doubt plate-cultures on gelatin should be made as control experiments.

Milk Diet in Bright's Disease.—Dr. Ralfe gave the result of observations as to the effect of milk diet on the secretion of urine, as regards its quantity, amount of solids, and excretion of urea and albumen, in patients suffering from nephritis in its different stages, such as ordinary acute nephritis, chronic nephritis with active hypertrophy of the left ventricle, with strong pulse-tension; chronic nephritis with failing cardiac action and degenerated vessels; chronic renal cirrhosis from venous congestion, the result of valvular disease of the heart, and nephritis complicated with lardaceous disease. The patients at first for one week were placed on an ordinary diet (containing 4 ounces—124 grammes—of meat), and afterward for two or three weeks kept on milk, and then again for a week resumed the ordinary diet. The results were given on charts showing the weekly averages of the quantity of urine passed, the solids, the urea, and albumen. With regard to acute nephritis, it was found that the effect of a milk diet was to increase the quantity of urine, the amount of solids, and the urea, and to diminish the albumen, all of which was reversed when a more stimulating diet was resumed. In the chronic cases the milk diet had not such a marked

diuretic effect on the amount of urine secreted, but caused a decided fall in the quantity of solids and of urea. The effect on the amount of albumen was varied. In nephritis associated with high pulse-tension it was certainly lessened, but in nephritis with failing cardiac action and degenerated vessels very little change occurred. As a rule, the milk diet was well borne by the acute cases, and they certainly improved under its use. On the other hand, the chronic cases generally disliked milk from the first; they did not improve under it, and it certainly increased the uræmic symptoms. It had, however, considerable influence on reducing the tension of the pulse, which rose again on the resumption of a diet containing meat. This raising of the pulse-tension was an important objection to the use of a too stimulating diet in cases in which there was a strongly-acting vascular system, for fear of its inducing cerebral hæmorrhage, a risk as great, in Dr. Ralfe's opinion, as of inducing uræmia by too low a diet. The exclusive use of milk should be confined to acute cases alone, and for a time perhaps to chronic cases, when it might be necessary to reduce the action of the vascular system. In cases with a failing heart and degenerated vessels a more stimulating diet was called for; its effect should, however, be carefully watched, and it should only be given in small quantities at a time.

Dr. Hale White referred to a series of observations made by him on the effects of milk diet in patients suffering from chronic nephritis. His conclusions, on the whole, agreed with those of Dr. Ralfe. The milk diet increased slightly the amount of urine excreted and lessened its specific gravity, but the amount of albumen increased. He insisted on the fact that the loss of albumen in chronic nephritis was trifling *per se*, and he added that too much importance was attributed to the amount of albumen present in the urine. He agreed that the milk diet tended to increase the risk of uræmia when this was threatening. No hard and fast rule could be laid down as to the milk diet in chronic cases of nephritis, and rather than give it in all cases he would prefer not to give it at all.

Dr. Solomon Smith suggested that the failure sometimes observed with milk might be due to its not being digested, which would make a milk diet a form of slow starvation.

Dr. Shuttleworth had observed that boiled milk was seldom tolerated for long, and he asked whether the effects of the milk of other animals was the same as that of cows' milk.

Dr. Kelson mentioned that the addition of eggs to the milk diet in one series had determined disastrous symptoms, and two of the patients had died, apparently in consequence of the change of diet.

Dr. Wethered pointed out that the effect of a milk diet must vary according to the previous habits of the patients, and he asked whether any difference in this respect had been noted between hospital and private patients.

Dr. Ralfe pointed out that what these patients required was a more solid but not a stimulating diet. He regretted that Dr. Hale White should have made use of the term "full diet," which was apt to mislead. The average quantity of milk was four pints daily, but more was given if asked for. It

was taken plain or boiled or with effervescing water, as elected by the patient. He explained the mode in which his analyses were made, in order to avoid various sources of error and to insure an accurate estimate of the quantity of albumen.

Dr. Hale White asked permission to explain that by "full diet" he meant what was known as full diet in hospitals—a technical expression with a definite meaning.—*British Medical Journal*, March 24, 1894.

UNITED STATES.

New York Academy of Medicine.

Meeting of March 8, 1894.

Bronchitis.—Dr. A. Reich gave an interesting summary of the morbid anatomy and symptoms of bronchitis in children. Among the latter were mentioned dry, hot, pale skin; dilated nostrils; breathing of thoracic type; bulging of supra-clavicular regions; rapid pulse and respiration; short inspiration, followed by a pause before commencement of expiration; expiration accompanied by a moan, caused by pleuritic pain; expectoration of whitish or yellowish muco-pus, usually swallowed, sometimes tinged with blood. There might be diarrhœa. As long as the inflammation was limited to the bronchial tubes the fremitus was normal, but if a large part of the lung were involved it increased, subcrepitant and crepitant râles changing location. The signs varied according to the extent of complicating broncho-pneumonia, when this was present. In the same lobe healthy, partially involved, and completely involved tissues, distinguished by their respective signs, were sometimes observed. The children might feel well the first part of the day, and gradually become distressed in the afternoon and night. The termination was usually by lysis. The child might grow weaker, the blood being less and less oxygenated, and convulsions and death follow; or it might gradually recover after several intervals of improvement, with involvement of fresh parts. For a long time after subsidence of the inflammation there was diminished respiratory murmur and a few subcrepitant râles.

Dr. Charles G. Kerley described a treatment based on an experience with several hundred cases seen at the clinic and hospital, where he had lived practically under the same roof with the patients, in many instances attending personally to the details. The room should be of a uniform temperature, from 70° to 72° F. (20° to 22.2° C.), the air completely changed in twelve or sixteen hours, while the patient occupies another room. Comfortable, loose clothing should be worn, and the belly-band be dispensed with, as it interferes with respiration. Clothing should never be damp. The infant should not be held on the lap, nor long on the back. Daily bathing or sponging with lukewarm salt water is beneficial, preferably in the evening. Dr. Kerley has not yet seen harm come from the bath. If there were many sonorous and sibilant râles, with difficult breathing, hot water would be beneficial, as a bath or pack, but it would be rarely advisable to apply it oftener than twice a day. Where there is a short, teasing

cough, a spray of steam, simple or medicated, used fifteen minutes every hour or continuously for several hours, according to the case, will be found of value, if tolerated. In light forms of bronchitis embrocations of almost any form could be used, however mild, but in severer cases something more irritating is called for. Mustard might be left on one to three minutes; it will make the child cry quite vigorously, which in some cases is desirable. As a rule, it should not be employed more than twice a day.

Dr. Kerley regarded drug treatment as of least value. If he saw the case early he ordered castor-oil. Ipecac and tartar emetic might assist, the most convenient form being in tablet triturate. An emetic was seldom necessary. Carbonate of ammonia might be indicated. If there were a tendency for the disease to become chronic in delicate children, codliver-oil was indicated. A stimulant might be required, as whisky or strophanthus. The habit of giving cough-medicines was bad, as they nauseated the child and interfered with nutrition.

Dr. Henry Koplik stated that treatment should vary according to whether it were a simple acute bronchitis in a child previously healthy or in one in bad nutritive condition, as in rickets, or whether the disease was a complication of the exanthemata or heart disease, or a recurring bronchitis resembling asthma in the adult. In uncomplicated bronchitis a little camphorated tincture of opium (4 minims—0.26 gramme—every two or three hours for a child under 6 years) might be used to allay cough; if a malarial district, some quinine. He had not found the cold pack necessary, and had even interdicted the bath for a time, lest the child take cold. Nor was aconite indispensable to him, as it seemed to be to some other physicians. In many cases he had found the syrup of ipecac useful, combined with the opiate. In the subacute stage the opiate should be prohibited. Small doses of strychnia would then improve the appetite and aid the heart. Where relief had not been obtained by the means suggested, the speaker was inclined to resort to the balsams, such as terebene. Terebene should not be given in larger doses than $\frac{1}{2}$ to 2 minims (0.03 to 0.13 gramme); if it were, it would disturb digestion.

In rachitic patients there was a tendency to relapse or a subacute condition, and treatment should be directed to the main condition. Codliver-oil, phosphorus, and tepid bran baths, followed by rubbing, were of benefit. If syphilis was suspected, iodide of potassium, either alone or with codliver-oil, or iodide of iron, should be given in the subacute stage. Iodide of potassium combined with digitalis or strophanthus was of most value in chronic bronchitis with emphysema.

Dr. W. H. Thomson believed nothing to be a better prophylactic against bronchitis, especially against repeated attacks, than a dry towel to protect the nape of the neck at night. If children perspired much about the head and neck, salt-water sponging before bed-time was of service. When the cough was irritant and it was necessary to increase the secretion and allay the pain, Dr. Thomson's favorite prescription was an emulsion of linseed-oil to excite the secretions and an anodyne of about a thirtieth of a grain (0.02 gramme) of morphine and three or four grains (0.2 or 0.26

gramme) of chloral. Where there was threatened muscular exhaustion from mucus collecting about the glottis an emetic was needed, as ipecac or, if necessary, sulphate of copper. The mucus should be removed with the finger after vomiting had ceased.

Dr. Baruch used tepid baths in children up to 5 years, beginning with 95° F. (35° C.) and reducing to 80° F. (26.7° C.). At the afternoon bath the mother should slap the body of the baby with the hand dipped in warm water, the temperature being reduced from day to day until 60° F. (15.6° C.) were reached. Water should then be dashed on with the hand, beginning with 80° F. (26.7 C.), and after some days gradually reducing to 60° F. (15.6° C.).

Dr. J. W. Brannan used mustard combined with flaxseed as a poultice for the chest. He also feared the exposure of baths. Half-drop or drop doses of aconite were of value where there was fever.

Dr. J. Lewis Smith stated that no remedy was better than carbonate of ammonium to promote cough, small doses being used to avoid gastritis. The position of the child should be frequently changed to avoid pneumonia or atelectasis. Under the fourth month he used muriate of ammonium with syrup of Tolu. Half a grain (0.03 gramme) of phenacetin may be used to reduce temperature. Mustard should not be used under the tenth month. Instead of water he preferred a linseed and mustard poultice on the chest.—*Archives of Pediatrics*, April, 1894.

Philadelphia Academy of Surgery.

Meeting of March 5, 1894

Left Inguinal Colotomy.—Dr. John H. Packard read a paper in which he said that by some surgical writers, notably the elder Gross, the opinion had been expressed that the making of an artificial anus by opening the colon placed the patient in a condition so distressing that death itself would be preferable. His own experience with these operations warranted him in upholding a very different view. His first case had occurred in 1873, and he had had the advantage of the presence and assistance of Professor Gross and Dr. Levis. The patient, whose rectum had been occluded by a uterine cancer, had lived in comfort for eight months, and then died from exhaustion due to the advance of the disease. In this instance, and in other cases for many years afterward, he had made the opening in the left loin, thinking the access more ready, and preferring to avoid encroaching upon the peritoneum. There was, however, one great objection to the method,—that the point of exit for the fæces was so placed as to be only with difficulty reached by the patient, and to require the assistance of others in attending to it. For the operation in the left groin, he thought the best rule as to the incision was to make it just as on the right side in appendicitis, an inch and a half from the left anterior superior iliac spine, and at right angles with a line between this process and the umbilicus. With scrupulous asepsis the opening of the peritoneum was made with safety; the operation was one of no more difficulty than that in the loin, and the artificial anus

was entirely under the patient's control. It was important that the gut should be well drawn down into the wound until the portion above this point was slightly tense, so as to avoid subsequent prolapse through the artificial anus. Even with this precaution it sometimes happened that the inner wall would pouch out and be a cause of some annoyance.

For suturing the edges of the peritoneum to those of the skin it was well to use black silk, so that these stitches might be readily distinguished from those by which the bowel itself was fastened in the wound; these latter should be of white silk, and should penetrate beyond the muscular coat, but not through the mucous membrane. It was not always easy to judge how large an opening should be made into the bowel. In a child, or when the wall of the gut was very thin, a small orifice would suffice, and an opening not more than three-fourths of an inch was ever necessary.

Dr. J. M. Barton could speak most favorably of inguinal colotomy. It gave an opportunity of determining what portion of the bowel was involved and making an opening well above the disease. It also permitted exploration of the glands in the interior if removal of the rectum was contemplated. In regard to opening the bowel, he had preferred to permit it to remain at least four or five hours before opening it; by that time the peritoneal surfaces were adherent. It had been recommended to leave the bowel twenty-four hours and then open it with the Paquelin cautery. This seemed unnecessary. He usually employed scissors, and controlled any bleeding that might occur with hæmostats. He had no difficulty from prolapse.

Dr. John B. Deaver said that it had fallen to his lot to do several colotomies, but only one or two inguinal. His reason for preferring the lumbar method was chiefly that it was an extra-peritoneal operation. Another reason was that, if the disease extended, it would take longer to reach the opening in the loin than one in the abdominal wall in front. He had been largely influenced by the views of Mr. Bryant. The lumbar operation was quite as simple as the abdominal operation, and, where there was distension, simpler. In the anterior operation distension increased the difficulty. The anterior wound could probably be looked after better than one in the loin, but it was more difficult to keep a pad in position in the former case.

Dr. T. S. K. Morton said that not many days before he had done an iliac or inguinal colotomy, and a most curious feature of the case had been an apparent transposition of the colon to the right side. On making the incision in the left side the colon had presented. He had had considerable difficulty in locating the descending colon. He had finally traced it to the right inguinal region. The lumbar operation, he thought, would not have been feasible in that case. There was one point which had not been sufficiently emphasized, and that was the importance of making a spur. This could not be done by suturing the side of the bowel to the abdominal opening. If little pieces of fæces passed the opening and reached the diseased surface, they caused a great deal of pain. He had seen nothing equal to a bar of glass or other material passed through the mesocolon for securing an adequate spur. When the bowel was cut transversely upon this support there were two openings, one above the other, and it was impossible for

fæces to pass across. So far as the control of the anterior opening was concerned, in the cases that he had seen it had been almost perfect.

Dr. John B. Roberts said that a limited experience with both operations led him to strongly favor the inguinal method. He felt, with Dr. Morton, that the important thing was to obtain the spur. He did not see how that could be easily done without using some form of support and bringing the mesentery out of the wound. He preferred, where it could be done, to wait a few days for adhesions to take place. In opening the bowel he was inclined to prefer cutting entirely across.

Dr. Packard said, with regard to the making of a spur, it had never been necessary in any of his own cases, and he thought it could only exceptionally be of advantage. If the opening made was sufficient, the fæces would escape easily through it, and the lower part of the bowel had been, in his cases, kept quite free from irritation by them. Of course, if a spur was to be made, the bowel must be drawn clear out.—*New York Medical Journal*, April 21, 1894.

Selections from Reports of Members of the Annual's Editorial Staff.

Denmark.

DR. F. LEVISON,

REFERENT FOR DEN DANSK LITTERATUR VEDRÖRENDE: ALMINDELIG MEDICINSK PATHOLOGI OG THERAPI, DERI INDBEFATTET, NERVE- OG SINDSSYGDOMME, PÄDIATRIK, OBSTETRIK, GYNÄKOLOGI, HYGIEINE, DEMOGRAPHII, RETSMEDICIN, PATHOLOGISK, ANATOMI, BAKTERIOLOGI.

Alle medicinske Böger, Disputatser, Monographier, Tidsskrifter etc., der adkomme i Danmark bedes sendt til

DR. LEVISON,
Norrevoldgade, 13,
Köbenhavn.

Intussusception.—WICHMANN publishes a very complete and interesting monograph on this subject. He has collected 725 cases, some observed by himself, some from Danish hospitals, and some from literature. He recommends that patients supposed to be suffering from intussusception be at once sent to a hospital, in order that laparotomy may immediately be performed, when digital examination under anæsthesia has established the diagnosis, and after careful efforts to restore the intestines to their normal position have been made by introducing one or more fingers into the rectum and making gentle traction on the abdominal wall. When the intussusception yields to massage, the cure may be completed by the injection of fluids or by the insufflation of hydrogen.—*Monograph*, Copenhagen, 1893. 120 pp.

Biliary Calculi.—HALK, in a series of 414 autopsies upon patients between 50 and 90 years of age, found biliary concretions in 29 per cent., the percentage in the female being 40 and in the male 19. In 112 cases the stones were lodged in the gall-bladder alone, in 3 cases in the bile-ducts or intestines as well, and in 4 cases in the ductus choledochus only.—*Bibliothek for Läger*, p. 511, 1893.

Light-rays in Small-pox.—PETERSEN, in connection with the observations of Finsen on the effect of light-rays in skin diseases, and especially in small-pox, states that during the Middle Ages the latter disease was suc-

cessfully treated by means of red curtains. The method was first advocated by the Arab physicians. Gaddesden, an English physician living about the year 1300, mentions, in his "Rosa Anglica," that he cured the Prince of Wales of small-pox "*sine vestigiis*, by making all things red about his bed."—*Hospitals-Tidende*, p. 1105, 1893.

Denmark.

DR. HOLGER MYGIND,
REFERENT FOR DEN DANSK LITTERATUR VEDRÖRENDE: ALMINDELIG KIRURGI, OPHTHALMOLOGI, LARYNGOLOGI, OTOLOGI, ANATOMI, HISTOLOGI, PHYSIOLOGI, DERMATOLOGI, SYPHILIDOLOGI, SAARSYGDOMME (TETANUS, HYDROPHOBI, ETC.).

Alle medicinske Böger, Disputatser, Monographier, Tidsskrifter, etc., der adkomme i Danmark bedes sendt til DR. LEVISON,
(f. d. DR. MYGIND),
Norrevoldgade, 13,
Köbenhavn.

Electrolysis in Stricture of the Urethra.—ROVSING, of Copenhagen, has tried electrolysis in two cases of stricture of the urethra, using the apparatus recommended by Edward Lang (olive-shaped electrode), and is favorably impressed by his results. He believes the method to be indicated in cases in which treatment with bougies has given no result, and in which internal urethrotomy is unadvisable owing to the danger of infection, etc. In the first case Rovsing used a current of 1 to 20 milliampères for fifteen minutes, in the other 1 to 30 for three-fourths of an hour, the negative electrode being applied in the urethra.—*Hospitals-Tidende*, Nos. 21 and 22, 1893.

Laparotomy in Tuberculous Peritonitis.—O. V. LASSENS, of Randers, Denmark, performed laparotomy in the case of a woman, aged 65, suffering from ascites. The peritoneum was only opened for one inch, eighteen litres (quarts) of a greenish fluid being removed. The whole surface of the peritoneum was covered with tubercles, which on microscopical examination proved to be of a true tubercular nature. Five weeks after the operation the abdomen was normal and had remained so for nine months, when the patient was last observed.—*Hospitals-Tidende*, No. 23, 1893.

Tuberculosis of the Knee-Joint Cured by Koch's Tuberculin.—NICOLAYSEN, of Christiania, treated a girl, aged 6, suffering from this disease for about six months, with two series of injections of tuberculin, the result being a return of perfect normal function in the diseased joint.—*Norsk Magazin for Lägevidenskaben*, No. 2, 1893.

Melanotic Tumors of the Eye.—LYDER BORTHEN, of Trondheim, Norway, has observed 4 cases and collected from Norway 19 other cases of melanotic tumors of the eye, of which 4 have been reported before by Bull and Gade. There were 9 males (40.9 per cent.), 13 females (59.1 per cent.), the sex of one patient being unknown. The age varied from $1\frac{1}{2}$ to 73 years; 8 cases were extra-bulbar, 5 intra-bulbar, and 10 mixed; 6 cases were of traumatic origin, while the cause was unknown in the remaining 17. The development was always rapid. Relapse occurred, after enucleation, in 36.3 per cent., the longest period being two and one-half years, and one patient had nine relapses. In 12 cases (36.2 per cent.) there was no relapse, but in one of these death from metastasis occurred eight and one-half years after the operation. In only 7 cases was there neither relapse nor certain metastasis. The latter occurred in 6 cases, and was suspected in 2.—*Norsk Magazin for Lägevidenskaben*, No. 1, 1893.

Spontaneous Expulsion of a Foreign Body from the Eyeball.—JEUS BUGGE, of Norway, reports a case in which a piece of iron seven millimetres long and five millimetres broad, which had penetrated into the interior of the eye, was spontaneously discharged six days after the injury.—*Norsk Magazin for Lägevidenskaben*, No. 3, 1893.

Kerion Celsi.—H. C. SLOMANN, of Vejle, Denmark, describes two cases of this rare disease, which, according to Sabouraud (*Annales de Dermatologie*, November, 1892, and February, 1893), is due to macrosporic forms of trichophyton. Slomann, however, in one case, examined after Sabouraud's work had been published, only found the microsporic form, the spores measuring three micromillimetres.—*Hospitals-Tidende*, No. 33, 1893.

The Contagiousness and Treatment of Psoriasis.—M. K. ZARTMANN, of Copenhagen, observed during a long period a patient who shared his bed with another man many years affected with psoriasis. Three weeks later he suffered from an acute eruption of psoriasis, which disappeared almost entirely with the use of warm baths.—*Hospitals-Tidende*, No. 36, 1893.

Resection of the Urethra.—ROVSING, of Copenhagen, has performed this operation in a case of an impermeable stricture in a man, aged 43, who suffered from retention of urine and ammoniacal suppurative cystitis. The excised cicatrix of the membranous portion of the urethra measured about one and one-half centimetres. The immediate result was excellent.—*Hospitals-Tidende*, No. 37, 1893.

Poland.

DR. J. DRZEWIECKI,

Redaktor Korespondent z działu polskiej literatury tyczącej się: Medycyny ogólnej i lecznictwa; pediatryi; akuszerzyi; ginekologii; laryngologii; otologii; hygieny; demografii; medycyny sądowej; histologii; patologii; bakteryjologii; anatomii; fizjologii.

Wszystkie pisma lekarskie, dzieła, rosprawy, monografije, itd., w języku polskim wydane, a tyczące się przedmiotów powyższych, winny być nadsyłane pod adresem

DRA. DRZEWIECKIEGO,
87, Krakowskie Przedmieście,
Warszawa,
Królestwo Polskie.

Resorption of Insoluble Substances from Serous Cavities.—A. BECK performed a series of experiments, mostly upon rabbits, to determine the communications existing between the peritoneal cavity and the lymphatics of the diaphragm. A ½-per-cent. solution of nitrate of silver was poured upon the surface of the peritoneum, which was then washed with water and exposed to light, being rendered transparent by glycerin. By means of a weak lens a series of pits and depressions were observed along the large trunks of the lymphatic or blood- vessels, leading to a short canal, covered with endothelium, with large characteristic cells, uneven in contour. These canals, true stomata, equaled in diameter the red blood-corpuscles, sometimes being even ten times as large, and round, oval, or irregular in form. They occupied mostly the posterior portion of the diaphragm in the neighborhood of the vertebral column. Besides these stomata the author also observed cells which did not lead to the lymphatic vessels, covered with superficial endothelium. Between the depression and the vessel beneath were several layers of endo-

thelium. Probably these cells were yet undeveloped stomata. The importance of these stomata vera in the absorption of insoluble substances from the peritoneal cavity is not to be doubted.

Beck injected into the peritoneal and pleural cavities of dogs and rabbits insoluble substances suspended in oil or water (soot, carmine, red blood-corpuscles, etc.), and noted the length of time before these appeared in the lymph of the thoracic duct and in the lungs, liver, etc., in which such substances are arrested. He found that absorption of the blood from the abdominal cavity began at once, but went on slowly. Small particles of cinnabar introduced into the peritoneal cavity were found, some in the stomata, some in the lymphatic vessels. He presumed that they also reached the circulation, though not found in the blood of the ear and paw of the animal. His experiments showed him that substances from the abdominal cavity passing into the venous system through the thoracic duct were first carried into the lungs; smaller particles, passing through the lumen of the capillary vessels, reach the left part of the heart, and thence to all organs and tissues of the body.

In a large number of experiments it was impossible to establish any communication between the thoracic cavity and the lymphatic vessels of the diaphragm, and the author concludes that they communicate especially with the peritoneal cavity, and that only substances from the latter are absorbed by them. The general opinion is that absorbed substances entering the lymphatic glands remain in them; but with this opinion Beck's experiments are at variance, showing that absorption is only retarded in the lymphatic glands. The longer the experiment lasted, the greater was the quantity of foreign material found in the organs. Absorption from the thorax is much slower than from the peritoneal cavity. In one case the presence of cinnabar was detected in the blood only after four days.—*Przeglad lekarski*, Nos. 36-39, 1893.

Sweden.

DR. F. EKLUND,
Brefväxlande Medarbetare
för den
SVENSK MEDICINSK
LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, böcker, afhandligar, monographier a. s. v. lorde ett exemplar benäget öfversändas till

DR. ABRAHAM
FREDRIK EKLUND,
Sibyllegatan, 3 A,
Stockholm.

Operative Treatment of Microcephaly.—JULES AKERMAN describes the case of a boy, 15 years old, who had never shown any power of comprehension or observation. The circumference of the brain was 40.1 centimetres, fronto-occipital diameter 14.1, biparietal 11.0, bitemporal 9.5, mento-occipital 16.2, fronto-mental 14.3. Both optic nerves were atrophied and the boy was subject to epileptiform attacks. All the reflexes were more intense than normal. Within a period of ten months, in two operations, Akerman removed two pieces two centimetres wide from both the frontal and parietal bones, the right twelve and the left fourteen centimetres long, on both sides of the sagittal suture. Two openings were made in the cranium, five to six centimetres long and one to two centimetres broad, toward the temporal region. The relief and almost entire

disappearance of the epileptiform attacks after the operation caused the author to conclude that craniotomy for the relief of microcephalus is a legitimate operation, when properly performed, on individuals whose physical degeneration is not too great. The mortality is about 15 to 20 per cent. The interference should not be too radical, but should be repeated within a few months, if necessary. The bone is best removed by trephine and nippers, the periosteum removed corresponding to the cranial defect. The results so far have been fairly good, especially in cases in which there was local alteration of the cranium or brain. Even in cases in which epileptiform attacks, as well as athetosis, rigidity of the muscles and spastic symptoms, visual alterations or local paresis, were present, positive results have been obtained. As microcephalus may be caused by various anatomo-pathological alterations, the operation will naturally not have the same effect in all cases. As it is difficult and almost impossible to diagnose exactly the nature of these alterations, it is not easy to decide in which cases it is best to operate, nor can a definite prognosis of the results be given. In cases of premature ossification of the sutures and of the fontanelles of the cranium, craniotomy appears to be identical. Exact reports of cases, both before and after operation, will alone contribute to the elucidation of the diagnosis and indications, as well as prognosis of results from the operation.—*Hygiea*, v. lvii, pp 431–454, 1893.

Clinical Notes.

Non-Tubercular Phthisis.—Kennedy Jones, of Memphis, in a paper read before the Tri-State Medical Association, upon this subject, discussed the case of a patient, a confirmed consumptive, whom he presented at the meeting, and in whom the characteristic signs of tuberculosis were wanting. There was absence of the hectic spot; the drawn and distressed look of the face was not observable; and the pearly-white color of the sclerotic was absent. The patient had been ill twelve years, and, though many specimens of his sputum had been examined by various bacteriologists, not a single trace of the bacillus of tubercle was discovered. Dr. Jones regards the case as undoubtedly one of non-tuberculous phthisis, perhaps of the fibroid variety. The patient was 48 years old, a sailor, with a history of some lung affection in his mother and one brother. He contracted syphilis some years ago; was treated ten years ago for lung trouble, supposed to be tubercular. Dr. A. C. Smith treated him about two years ago, at the Galveston Marine Hospital, and states that his condition has not materially changed since then. There was some cough, with expectoration; night-sweats and pyrexia; occasional hæmoptysis; shortness of breath; some quickening of pulse; loss of color and strength; tissues poorly nourished; marked clubbing of fingers, etc. The left half of the thorax was shrunken and motionless in respiration, while the right side expanded freely. The left lung was solidified, with evidences of cavity or dilated bronchi in upper lobe. The respiratory murmur was exaggerated in the right lung, except in a small portion at the apex,

where flat percussion notes, tubular breathing, bronchophony, and other signs of consolidation were observed.—*Memphis Medical Monthly*, January, 1894.

Hot-Air Baths.—Telatnik states that in a healthy man the leucocytes diminish under the influence of hot-air baths, the minimum being 5.45 per cent. and the maximum 7.43 per cent.; the proportion of young leucocytes increases (minimum 4.54 per cent., maximum 15.76 per cent.). This increase is confined exclusively to the small lymphocytes, and is not absolute, but relative to the number of other leucocytes.

In this relation the results of researches made by students of Tchoudnowski upon the action of hot-air baths may be summarized as follows: (1) sudorific action; (2) increase of 1.5° to 2° C. (2.7° to 3.6° F.) in central temperature; (3) increase in frequency of pulse and respiration; (4) diminution of muscular force, vital capacity of lungs, force of inspiration and expiration; (5) increase in assimilation and exchange of nitrogenous matter; (6) diminution of arterial pressure.—*Thèse de St. Pétersbourg*, 1893.

Jygatcheff, Morozow, and Jurasow have studied the effect of hot-air baths in phthisis, and find that the assimilation of nitrogen from the food is increased, while the exchange of nitrogenous matter is diminished, though qualitatively improved; albuminous oxidation is more perfect; muscular force and body-weight are also increased. The assimilation of fatty matter undergoes no change. The authors believe that hot-air baths should rank among the first hygienic measures employed in the early stages of the disease.—*Thèse de St. Pétersbourg*, 1893; *Revue des Sciences Médicales*, January, 1894.

The Relation of Neoplasms to Normal Structure.—Dr. Thomas O. Summers claims that he can substantiate the following conclusions: 1. The morphology of a neoplasm always presents a similitude of cell characteristics with the normal physiological tissue in which it is imbedded. 2. The organon of development is in the same line of cellular activity at first, and the extent of divergence from that line determines the degree of malignity. 3. Parallelism of growth holds the neoplasm within the bounds of retrograde metamorphosis, upon which destructive assimilation of normal tissue depends. 4. Parallelism of growth may be maintained by an increment of pabulum for both physiological and pathological structure lying adjacent to each other. 5. Any agent that by elective affinity will attack the stroma of the neoplasm without affecting the formed material of the physiological structure will tend to cause or will cause an atrophy of the neoplasm and a permanent hypertrophy of the normal tissue, and neutralize the effect of the destructive assimilation of the abnormal growth upon the normal structure in which it is imbedded. 6. There is no known agent but pepsin that fulfills this indication with any degree of satisfaction.—*New York Medical Journal*, January 13, 1894.

An Improved Cell of Glass and Celluloid for the Preservation and Exhibition of Macroscopic Eye-Specimens.—C. A. Olivier describes an air-tight cell for the preservation of macroscopic eye-specimens. It is made

of two parts, the upper one being of glass in the shape of a Petry or chemical crystallizing dish, set into a celluloid base by means of a deep circular groove. The glass being filled with preservative fluid (gelatin), the specimen is introduced, the base applied, and the whole inverted, when the raised bottom will press out all air-bubbles, and the glass can then be cemented to the base. A single hand magnifying glass of any amplification or the ordinary dissecting microscope is then used for examination of the specimen.—*International Medical Magazine*, February, 1894.

The Moment for Blood-Letting.—Sir Benjamin Ward Richardson considers blood-letting sound practice under several conditions of disease, notably the following: In acute spasmodic seizures, as in spasm of croup, in colic, and in angina with symptoms of oppression from distension of the right side of the heart with blood; in acute pain, membranous or spasmodic, as in sudden pleuritic or peritoneal pain, or in pain from passage of a renal or hepatic calculus; in acute congestion of vascular organs, as of the lungs or brain, apoplectics; in cases of sudden shock or strain, as after a fall or blow, sun-stroke, or lightning-shock; in exceptional cases of acute hæmorrhage unattended by pyrexia.

The blood may be drawn from a patient without fear of direct danger from the practice when the veins are full and the pulse firm, regular, full, and tense; the pupil natural or contracted; the body at normal heat, or, with brain symptoms, raised in temperature; the bronchi free of fluid, and the sounds of the heart well pronounced.—*Asclepiad*, 3d Quarter, 1893.

The Dietetic Treatment of Phthisis.—Dr. Henry P. Loomis, of New York, lays down a few valuable rules upon the proper diet in phthisis, which may be of service. He states that all consumptives pass through three distinct stages in regard to their digestive powers: 1. The period during which digestion and appetite are unaffected. 2. The period from the time when gastric disturbance first begins until the stomach refuses solid food. During this time septic infection is more or less constant, the fever intermittent, and loss of flesh generally progressive. 3. The period from the time when solid food can no longer be taken without digestive disturbance until the death of the patient.

Some of the most important rules which should govern the dietetic treatment of phthisis may be formulated as follows: 1. Never take cough mixtures if they can possibly be avoided. 2. Food should be taken at least six times in twenty-four hours; light luncheons between the meals on retiring. 3. Never eat when suffering from bodily or mental fatigue or nervous excitement. 4. Take a nap or, at least, lie down for twenty minutes before the mid-day and evening meals. 5. Take only a small amount of fluid with the meals. 6. The starches and sugars should be avoided, as also all indigestible articles of diet. 7. As far as possible, each meal should consist of articles requiring about the same time to digest. 8. Only eat as much as can be easily and fully digested in the time allowed. 9. As long as possible, systematic exercise should be taken to favor assimilation and excretion; when this is impossible, massage or passive exercise should be undergone. 10. The food must be nicely prepared and daintily served;

made inviting in every way. Dr. Loomis gives the following as a sample of a diet sheet in the early stages of phthisis:—

On awakening.—Eight ounces of equal parts of hot milk and seltzer, taken slowly through half an hour.

Breakfast.—Oatmeal or cracked wheat, with a little sugar and an abundance of cream, rare steak, or loin chops with fat; soft-boiled or poached egg, cream toast, half-pint of milk, small cup of coffee.

Lunch, 10 A.M.—Half-pint of milk or small teacup of squeezed beef-juice with stale bread. 12, noon: Rest or sleep.

Mid-day Meal, 12.30.—Fish, broiled or stewed chicken, scraped meat-ball, stale bread and plenty of butter, baked apples and cream, two glasses of milk.

Lunch, 4 P.M.—Bottle kumyss, raw scraped-beef sandwich, or goblet of milk. 5.30 P.M.: Rest or sleep.

Dinner, 6 P.M.—Substantial meat or fish soup, rare roast beef or mutton, game, slice stale bread, spinnach, cauliflower, fresh vegetables in season (sparingly).—*Medical Record*, March 20, 1894.

Recent Suggestions in Therapeutics.

Acute Catarrhal Rhinitis.—℞ *Acidi sulphanilici purissimi*, 10 grammes (2½ drachms); *sodii bicarbonici*, 8 grammes (2 drachms); *aquæ destillatæ*, 200 grammes (6½ ounces). M. et ft. solutio. Sig.: From 40 to 80 grammes (1⅓ to 2⅔ ounces) daily. To be taken either at once or in two doses. To prevent recurrence, administer systematically. (VALENTIN, *Correspondenzblatt für Schweizer Aerzte*, April 1, 1894.)

Amenorrhœa.—*Senecio Jacobœa* (common ragwort), 2 drachms (8 grammes) of tincture, or 20 minims (1.3 gramme) of liquid extract, four times daily. Of value when suppression of menses occurs from cold. Relieves pain and headache. (WILLIAM MURRELL, *British Medical Journal*, March 31, 1894.)

Asphyxia Neonatorum.—As soon as cord has been severed, suspend child by feet with left hand, passing middle finger between ankles from behind forward, grasping lateral aspect of left leg with thumb and index finger, that of right leg with remaining fingers. Allow head to barely touch some suitable support, the neck being extended. Grasp thorax with right hand, exerting moderate pressure. When a second or third expiratory pressure has forced out what mucus may have been aspirated, let thorax have full play. If resuscitation is possible, six or eight further pressures will set up active respiration. A warm bath will show if further active treatment is necessary. (PROCHOWNIK, *Centralblatt für Gynækologie*, No. 10, 1894.)

Asthma.—*Chloral hydrate*, *iodide of potassium*, each 2 grammes (½ drachm); water, 150 grammes (5 ounces); *syrup of bitter orange-peel*, 20 grammes (5 drachms). Two to five tablespoonfuls daily. (ROKITANSKY, *Journal de Médecine de Paris*, May 6, 1894.)

Cardiac Asthenia.—If of nervous origin rest in bed, and when able to sit up graduated shower baths; later, massage, Swedish movements, carefully adjusted exercise; nutritious food, frequently administered, in as large quantities as digestion will permit; stimulants when necessary, to be withdrawn as soon as circulation strengthens. Tendency to constipation to be remedied by diet and light laxatives. *Strychnine*, rarely exceeding $\frac{1}{30}$ grain (0.002 gramme) daily, given continuously. *Digitalis* best adapted to cases with muscle-weakness; if given in large doses, patient should be kept in bed. (Professor Da Costa, *American Journal Medical Sciences*, April, 1894.)

Diphtheria, Solvent Spray.—℞ *Olei eucalypti*, f℥ij (8 grammes); *sodii benzoatis*, ℥j (4 grammes); *sodii bicarbonatis*, ℥ij (8 grammes); *glycerini*, f℥ij (62 grammes); *aquæ calcis*, q. s. ad Oij (1000 grammes). M. Apply as spray to membranes every half-hour for from three to five minutes at a time. (James C. Wilson, *College and Clinical Record*, March, 1894.)

Pharyngeal.—℞ *Hydrargyri biniodidi*, gr. ij (0.13 gramme); *sacchari albi*, ℥j (31 grammes); *olei menthæ piperitæ*, ♏ij (0.13 gramme). M. Sig.: Place from 5 to 10 grains (0.32 to 0.65 gramme) in powder, every hour or two hours on tongue or inside lips of child, without giving water for a few minutes afterward. Should laryngeal or tracheo-laryngeal symptoms develop, place a quart (litre) of unslaked lime in a vessel of appropriate size, and pour at first upon it half an ounce (16 grammes) of turpentine, then enough boiling water to completely cover the lime; place this vessel under a cotton sheet, which throw over head of nurse and affected child. A cloud of vapor will be emitted for ten minutes at each sitting, which can be repeated hourly, if required, for the paroxysms of difficult breathing. (C. H. Hamilton, *Medical News*, March 10, 1894.)

Erysipelas.—When called early and case is circumscribed: ℞ *Carbolic acid*, f℥j (4 grammes); *glycerin*, f℥iij (12 grammes); *distilled water*, f℥iv (16 grammes). Mix and inject hypodermatically one syringeful each portion the size of the hand daily. (J. McFadden Gaston, *Medical and Surgical Reporter*, March 24, 1894.)

℞ *Ferric citr.*, ℥ij (8 grammes); *tr. ferric chlor.*, ℥j (31 grammes); *glycerin*, ℥ij (62 grammes). M. Sig.: Teaspoonful dose. ℞ *Fuller's earth*, ℥ij (62 grammes); *talcum* (powdered), *boric acid*, āā ℥j (31 grammes). M. ft. chart. Sig.: Local use. (P. Guntermann, *American Practitioner and News*, March 10, 1894.)

Nocturnal Enuresis.—℞ *Liquoris atropinæ sulphatis*, ℥iss (6 grammes); *liquoris strychninæ hydrochloratis*, ♏xlv (2.93 grammes); *syrupi aurantii*, ad ℥j (31 grammes). No drink to be taken after 6 P.M.; 5 drops of syrup at 9 P.M. Increase by 5 drops every three nights until 50 drops (about $\frac{1}{10}$ grain) of *sulphate of atropine* be taken nightly, or more if necessary. The secret of success in obstinate cases treated by the auther was courageous overdosing. In one patient (girl of 17

Nocturnal Enuresis (*continued*).

years) 25 minims (1.54 cubic centimetres) were taken nightly, with ultimate success. *Strychnine* diminishes depressant effect of large doses of *atropine* and increases sensitiveness of vesical centres to reflexes from bladder-walls, causing patient to awake at proper time. (Donald MacAlister, *Practitioner*, May, 1894.)

Pityriasis Capitis.—Pomade consisting of *sulphur*, 10 grammes (2½ drms.), in pomade ointment (German Pharmacopœia) or pomade-ointment *vaselin*, to be applied as follows: Separate the hair first in the sagittal then in the coronal direction, about one centimetre apart; rub a small quantity of pomade on the parts with tip of finger every evening at first, then every fourth evening, then once a week, according to improvement. Wash the head every three or four evenings with Hebra's *spiritus saponatus kalinus* to clear away scales and remains of ointment. (Bernard Wolff, *Southern Medical Record*, March, 1894.

Polyuria in Pregnancy.— ℞ *Tinct. valerian.*, f℥iij (93 grammes); *tinct. opii deodorat.*, f℥ij (8 grammes). M. Sig.: A teaspoonful four times a day. (Prof. Parvin, *College and Clinical Record*, March, 1894.)

Salophen.—In acute articular rheumatism, 4 to 6 grammes (1 to 1½ drachms) daily. Of 30 cases treated by the author, pain disappeared in four days at the latest. Also valuable in neuralgia. (Koester, *Therapeutische Monatshefte*, No. 1, 1894.)

Sciatica.—*Phenacetin*, *salol*, each 3 grammes (46 grains); pure *caffeine*, 0.25 gramme (4 grains). Make 10 cachets. From 2 to 4 daily for adults. (Domanski, *le Bulletin Médical*, April 29, 1894.)

Simple Drainage in Bladder Surgery.—When necessary to drain bladder for some time, after perineal lithotomy or cystotomy, surround with flannel a piece of lead pipe with one-inch bore, and long enough to extend from perineum to edge of bed. Pass India-rubber tube (generally attached to stiffer tube secured in perineal wound) through the lead pipe. Place the latter upon the bed, under one or other thigh, arranged so that one end will be opposite the perineum and the other at edge of bed. If necessary, it can be fixed by two or three large safety-pins passed through the under bed-clothes and flannel roller about tube. If the head of the bed be slightly raised, the free flow of urine along the India-rubber tube will be still further facilitated. (Thos. Annandale, *Lancet*, March 17, 1894.)

Tapping of Lateral Ventricles (1) for distension of the ventricles from acute, simple, or tubercular meningitis, is clearly indicated, and, other things being equal, promises recovery; (2) for effusion of blood into the ventricles from trauma or disease, makes recovery a possibility; (3) for abscess involving the ventricles, is immediately and imperatively demanded; (4) for effusion into the ventricles from brain-tumors, may afford relief to symptoms; (5) for chronic hydrocephalus, moderate distension of the ventricles, without enlargement of head, may afford relief; (6) for chronic hydrocephalus, great distension of

Tapping of Lateral Ventricles (*continued*).

ventricles, enlargement of head, will lead to a fatal result. (J. Frank, *Annals of Surgery*, April, 1894.)

Thyroid Extract in Skin Disease.—Give as large doses as patient can bear, preferably in tabloid form. Best guide to dose is pulse of patient. Many patients can take one-fourth of a gland daily for long periods. Begin with small doses; increase gradually until pulse reaches 100 or 110. If headache, nausea, or vomiting occur, suspend remedy for a few days. Having ascertained maximum dose, give same persistently for at least two months. In lupus a much longer time is required; in psoriasis the physiological effects must be produced before improvement takes place. (Byrom Bramwell, *British Medical Journal*, March 24, 1894.)

Thyroid extract is found useful as a local application, combined with *calomel* and *lanolin*, in unhealthy, serpiginous ulcers; open buboes of specific gonorrhœal origin; Hunterian chancres and chancroids; in the cure of deep sinuses. (J. D. Menzies, *British Medical Journal*, March 24, 1894.)

Tonsillitis.—Pure *guaiacol*, applied locally by means of a cotton swab; to keep the throat moistened, troches of *althea* or *guaiac*, or gargles. (James Harvey Raymond, *Medical Record*, March 24, 1894.

Vesicular and Squamous Eczema.—When inflammatory symptoms are slight and moisture absent, use the following paste: ℞ *Acid. salicylic.*, ʒx (40 grammes); *pulv. amyli*, *zinci oxidi*, āā ʒij (8 grammes); *petrolat.*, ʒss. (16 grammes). M. Sig.: To be applied twice a day. Where inflammation is more acute, with abundant oozing of serum, saturated solution of *boric acid* in water to be freely and often applied. Soap prohibited. *Vaselin* to be used for cleansing, when necessary. (M. B. Hartzell, *Archives of Pediatrics*, April, 1894.)

Reviews.

A Treatise on the Theory and Practice of Medicine. By *John S. Billings, M.D.; Francis Delafield, M.D.; R. H. Fitz, M.D.; James Holland, M.D.; Henry M. Lyman, M.D.; William Osler, M.D.; William Pepper, M.D.; W. Gilman Thompson, M.D.; W. H. Welch, M.D.; James T. Whittaker, M.D.; James C. Wilson, M.D.;* and *Horatio C. Wood, M.D.* Edited by *William Pepper, M.D., LL.D.* In two volumes, of about 1000 pages each. Royal 8vo. Vol. ii. Philadelphia: W. B Saunders, 925 Walnut Street. Sold only by subscription. Price per volume: Cloth, $5; Sheep, $6; Half-Russia, $7.

The second volume of this treatise (the review of vol. i appeared in this journal, April, 1893) contains 1054 pages, and is illustrated by 76 wood-cuts and 6 full-page plates. The volume opens with an article of 69 pages, by William H. Welch, in which are considered the general biology

of bacteria, infection in its various phases, and immunity (prophylactic and curative inoculations). Diathetic diseases, including the acid dyscrasia, rickets, osteomalacia, obesity, biliary lithiasis, gravel, saccharine diabetes, polyuria, rheumatoid arthritis, gout, and rheumatism, are treated by Henry M. Lyman in the following 113 pages. Diseases of the blood and diseases of the suprarenal capsules and ductless glands (thyroid and thymus) are presented by William Osler in an article of 66 pages, 9 of which are devoted to the chemical and microscopical examination of the blood. The *modus operandi* of examining both fresh and dried specimens of blood is made very clear. A full description of the various blood-elements (normal and pathological), the necessary apparatus (fully illustrated by cuts), and formulæ for reagents, diluting solutions, stains, etc., are given, with minute directions for making use of the same. The diseases of the heart, the blood-vessels, and the mediastinum are treated by William Pepper in 190 pages of text. James C. Wilson follows with articles on the diseases of the nose, the larynx, the bronchi, and the pleura, which occupy 95 pages. Sixty-two pages are devoted to a consideration of the diseases of the lungs by Francis Delafield. A chapter of 30 pages, on practical urinary examination, is contributed by James W. Holland, and naturally precedes the article on the diseases of the kidneys (41 pages) by Francis Delafield. William Pepper contributes one chapter, of 26 pages, on the diseases of the mouth and tongue; another, of 4 pages, on the diseases of the salivary glands; another, of 23 pages, on the diseases of the pharynx and tonsils; another, of 12 pages, on the diseases of the œsophagus; another, of 65 pages, on the diseases of the stomach; and another, of 93 pages, on the diseases of the intestines. The diseases of the peritoneum (35 pages), of the liver (53 pages), and of the pancreas (27 pages) are from the pen of Reginald H. Fitz. A double-column index of 46 pages closes the volume.

It is impossible, in a short review, to give more than an idea of the scope of this magnificent treatise, which is now completed by the appearance of this, the second, volume. The articles are full, practical, and up to date, and as each article bears the imprint of its author's individuality its value is thereby enhanced, since the authors represented in this work are not only medical writers, but also American teachers, recognized among the medical profession as prominent, progressive, and profound. As clear, complete, and current books for reference and study, presenting, as they do, the latest approved ideas concerning the practice of medicine, as given by representative American medical teachers, they cannot fail of appreciation by those who will read, mark, learn, and inwardly digest the matter contained in these two volumes. In the reviewer's opinion, this treatise is the best work on general medicine that has appeared in many years.

C. S. Witherstine.

New Books Received.

The editor acknowledges, with thanks, the receipt of the following books:—

Clinique des Maladies du Système Nerveux de M. le Professeur Charcot. Leçons du Professeur, Mémoires, Notes, et Observations parus pendant les années 1889–90 et 1890–91, et publiés sous la direction de *Georges Guinon*, chef de clinique, avec la collaboration de *MM. Blocq*, *Souques*, et *J. B. Charcot*, internes de la clinique. Tome ii. 8vo. 482 pages.

avec 20 figures et un planche hors texte. Paris: Aux Bureaux du Progrès Médical, 14 rue des Carmes, publisher. Price, paper, uncut edges, 12 francs ($2.40).

Proceedings of the Connecticut Medical Society, 1892. One-Hundredth Annual Convention, held at New Haven, May 25th, 26th, and 27th. Centennial volume, published by the society. *N. E. Wordin, A.M., M.D.*, secretary, Bridgeport, Conn. Press of Buckingham & Brewer, 90 Middle Street, Bridgeport, Conn. 1892.

Proceedings of the Connecticut Medical Society, 1893. One Hundred and First Annual Convention, held at Hartford, May 24th and 25th. Published by the society. *N. E. Wordin, A.M., M.D.*, secretary, Bridgeport, Conn. Press of Stiles and Tucker, Bridgeport, Conn. 1893.

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A Treatise on the Theory and Practice of Medicine. By *John S. Billings, M.D.; Francis Delafield, M.D.; R. H. Fitz, M.D.; James Holland, M.D.; Henry M. Lyman, M.D.; William Osler, M.D.; William Pepper, M.D.; W. Gilman Thompson, M.D.; W. H. Welch, M.D.; James T. Whittaker, M.D; James C. Wilson, M.D.;* and *Horatio C. Wood, M.D.* Edited by *William Pepper, M.D., LL.D.* In two volumes, of about 1000 pages each. Royal 8vo. Vol. ii, 1054 pages. Philadelphia: W. B. Saunders, 925 Walnut Street. Sold only by subscription. Price per volume: Cloth, $5; Sheep, $6; Half-Russia, $7.

Monographs Received.

The editor acknowledges, with thanks, the receipt of the following monographs:—

Il Latte in Napoli, by *Alfonso Montefusco*, Naples.——Contributo alla Biologia del Bacillo del Tifo, by *Alfonso Montefusco*, Naples.——The Commoner Animal Parasites of the Skin, by *A. H. Ohmann-Dumesnil*, St. Louis.——Medical Report of the Philadelphia Dispensary for Skin Diseases, February, 1880, to November, 1890, by *Henry Stelwagon*, Philadelphia.——Supra-Vaginal Hysterectomy without Ligature of the Cervix in Operations for Uterine Fibroids; a New Method. Cases of Chronic Ovarian Abscess Illustrating the Danger of Delay in their Proper Management. Drainage in Abdominal Surgery: its Unnecessary and Excessive Use. By *B. F. Baer*, Philadelphia.——Supplementary Paper upon Supra-Vaginal Hysterectomy by the New Method, with Report of Additional Cases, by *B. F. Baer*, Philadelphia.——The Relation of Peripheral Irritation to Disease; Considered from a Therapeutic Stand-point, by *Simon Baruch*, New York.——Therapeutic Reflections; a Plea for Physiological Remedies, by *Simon Baruch*, New York.——Where to Send Patients for Water-Cures and Climatic Treatment, by *Thomas Linn*, Aix-les-Bains, Marlioz, and Nice.——Four Years' Work in Diseases of the Rectum at the Post-Graduate Hospital Clinic, by *Charles B. Kelsey*, New York.——A Contribution to the Treatment of Pulmonary Tuberculosis with Professor Koch's Tuberculin, by *Karl von Ruck*, Asheville, N. C.

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Surg. of Abdomen.	Chirurgie abdominale.	Chir. d. Abdomens.	Dr. Packard, 1924 Spruce St., Philadelphia, U. S. A.
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DR. O. E. SAJOUS,
28, rue de Madrid,
Paris, France.

THE JOURNAL OF NERVOUS AND MENTAL DISEASES, JANUARY, 1893.

We often view this condition as a precursory to permanent alienation or to a more tragic ending, and it behooves the physician, if possible, to treat this symptom with heroic measures. As a precursory symptom there is another corollary, *mental pain*, which painful emotional state contributes more disastrous permanent conditions than simple stupor, apathy, or torpor.

The drug of all others which seems to do the most toward changing the subjective morbid feelings is opium; and yet it often fails, and to me it seems to do so on account of the carelessness in the choosing of the quality of the drug and the exactness of its component elements. Morphia alone seems inadequate—crude opium injurious. I use the preparation called "Svapnia," which is always reliable. It contains a standard of ten per cent. of morphia and the alkaloids codeia and narcia. The other narcotic alkaloids, thebaine, narcotine, and papaverine, are removed. I use "Svapnia" in pill form, containing a tenth of a grain. These are keratine-coated, to allow of absorption only in the small intestine.

There is care necessary in giving the drug as well. There is no advantage to be gained, and rather a detriment to push the drug beyond a slight physiological action, and it is hardly to be recommended to go beyond three-fifths of a grain in the twenty-four hours.

Dr. Landon Carter Gray, in his recent most excellent work on "Nervous and Mental Diseases," page 600, says: "Opium is the best of all drugs for the direct treatment of melancholia. Great care must be taken to have the opium pure. It must never be bought hap-hazard in the shops. All that I use is obtained from some reliable source and analyzed."

This little note on the merits of "Svapnia" is prompted by many satisfactory trials of it. There is another point to most universally observe in conjunction with its use, and that is to give aloin or aqueous ext. aloes in sufficient quantities to act upon the bowels.

Another wise injunction is to be observed, as laid down by Dr. Gray, page 602: "Never give a prescription to the patient for opium, etc. Send him to the pharmacist yourself with special injunction: 'No copy or repetition.'"

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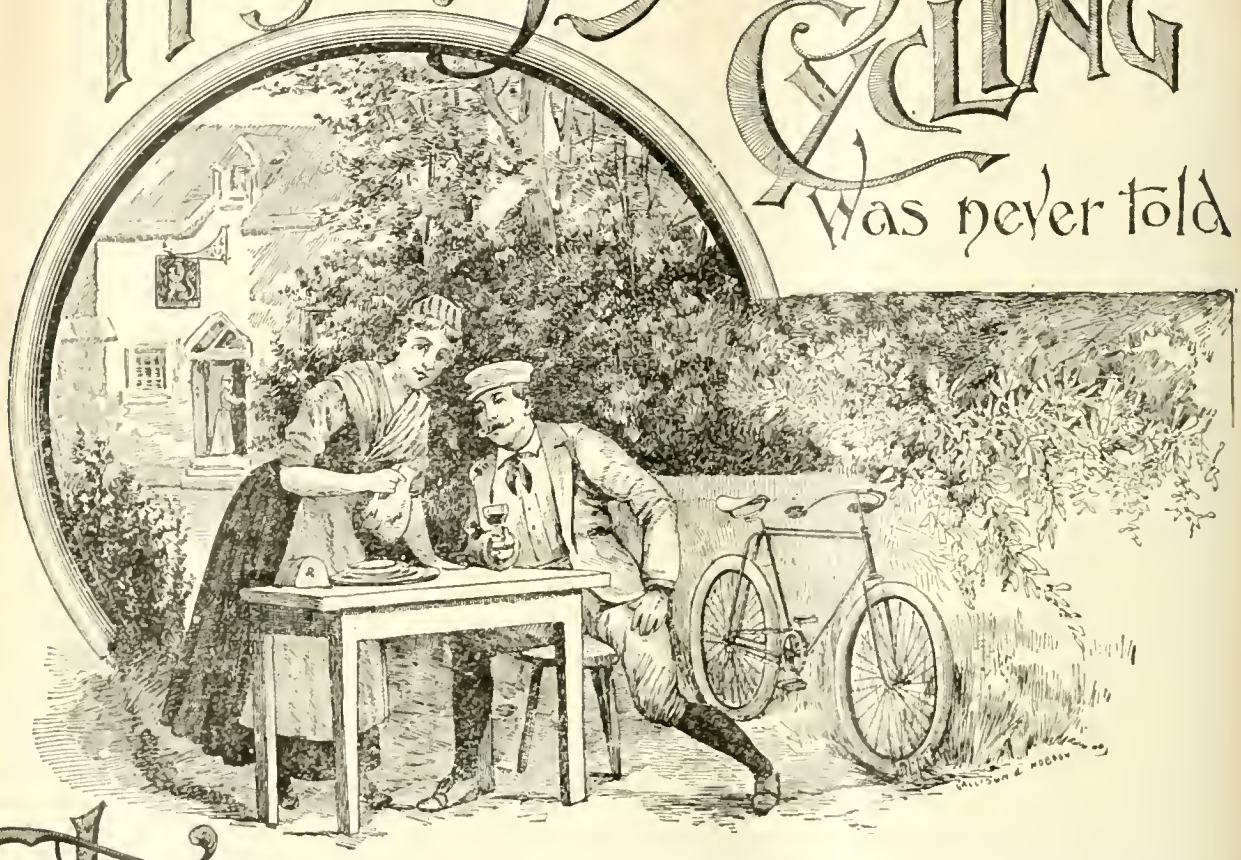

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Tr. opii, . . . gtt. xx.
Syr. ipecac.,
Syr. rhei arom., āā ℥ij.
Listerine, . . . ℥ss.
Mist. cretæ, . . ℥j.

M. Sig.: Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.

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We desire to call our readers' attention to the extraordinary offer of the R. E. Deitz Company, found on page 13, to the effect that whoever buys a pair of their driving lamps at the regular price, will be sent, gratuitously, for one year, one of several popular magazines mentioned in the "ad." Be sure to read it and write them, mentioning this journal.

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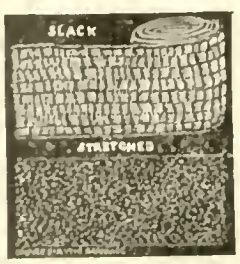

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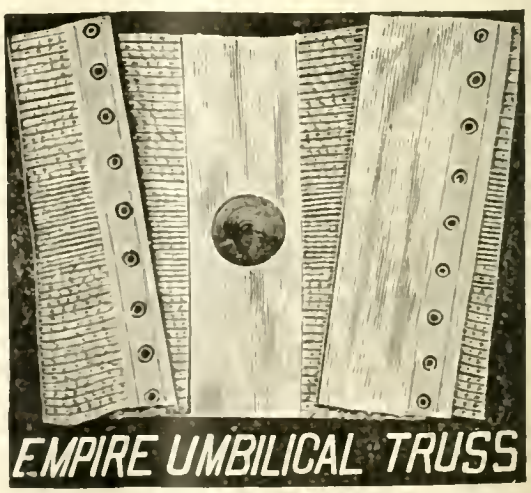

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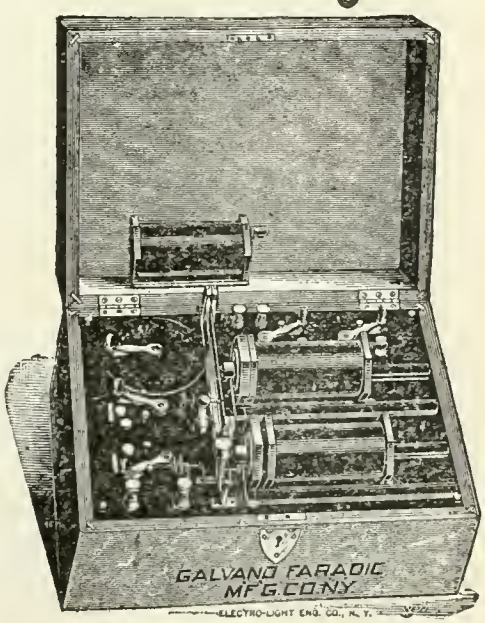

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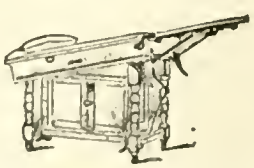

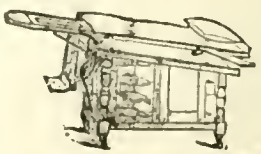

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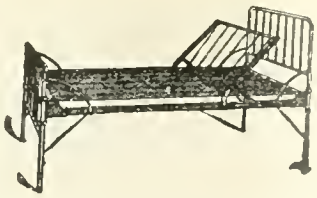

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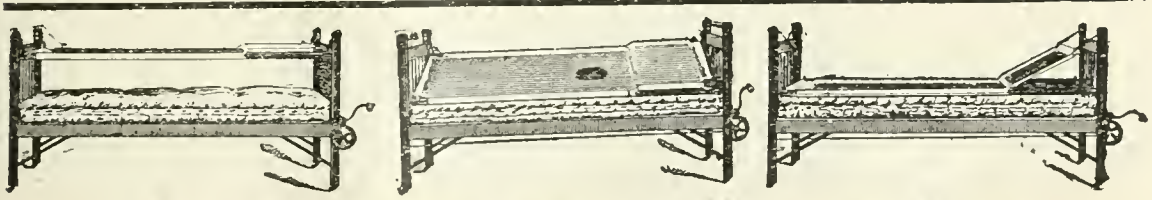

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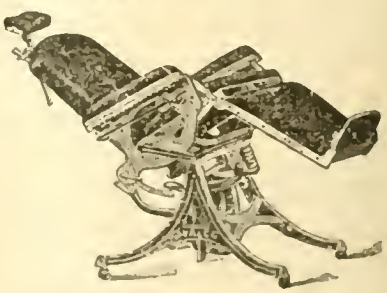

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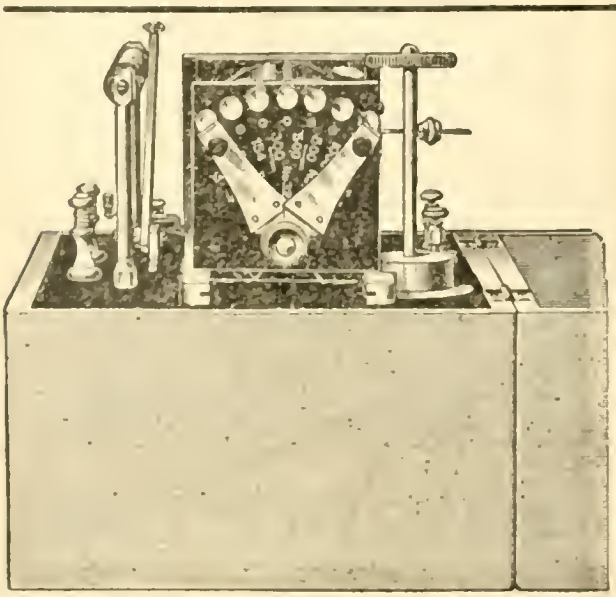

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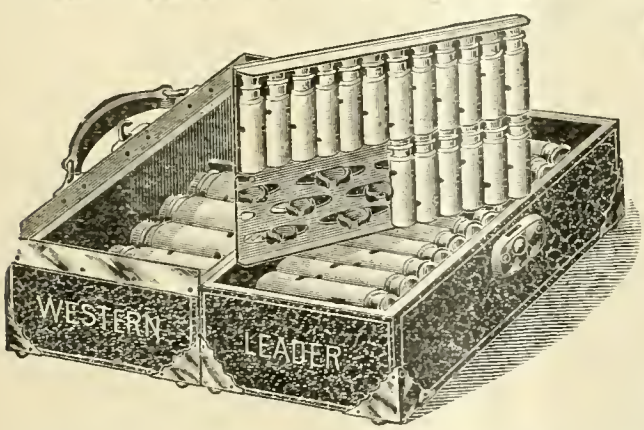

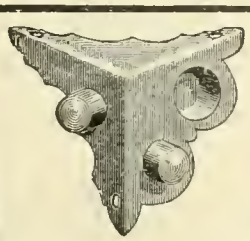

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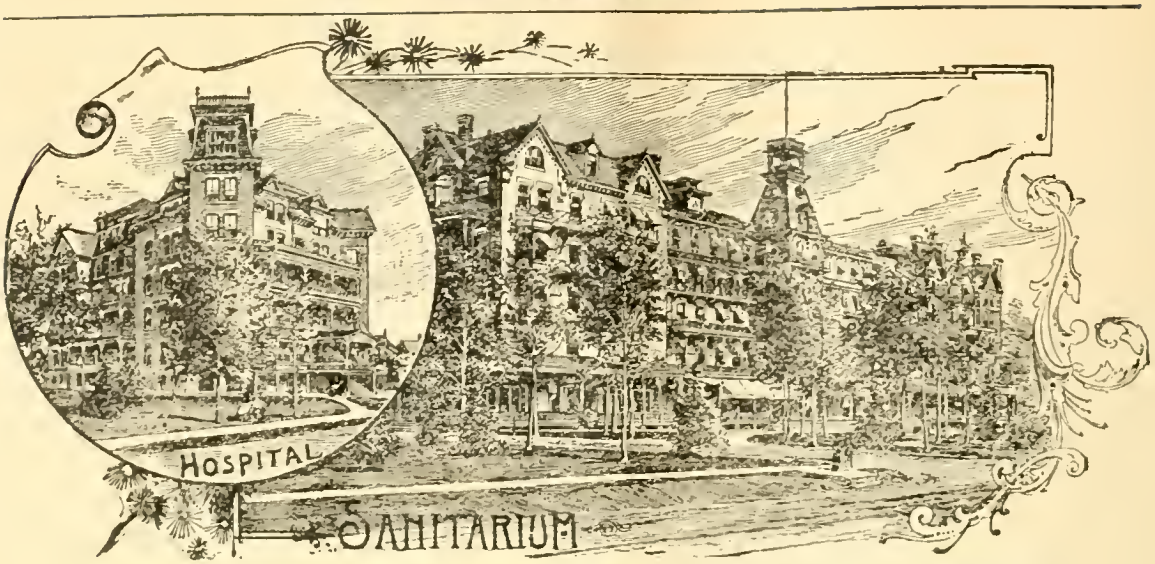

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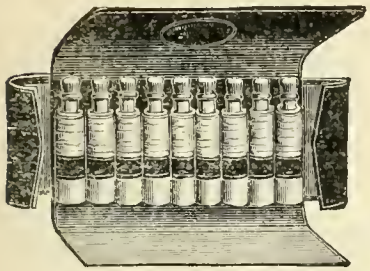

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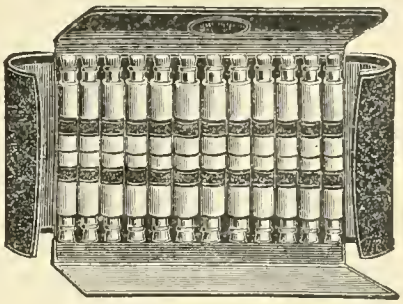

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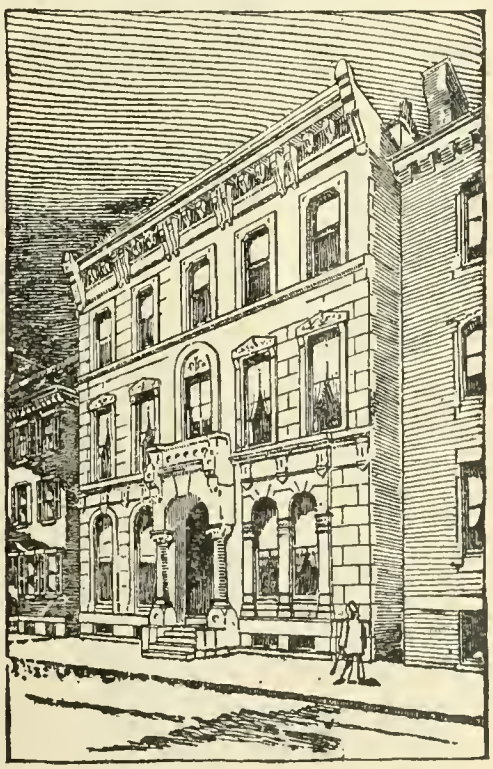

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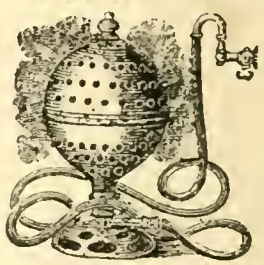

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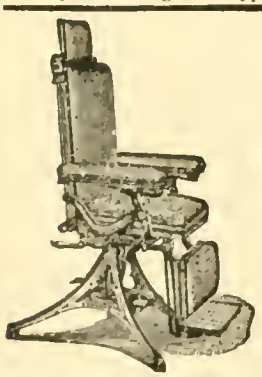

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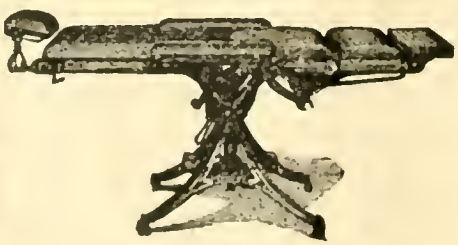

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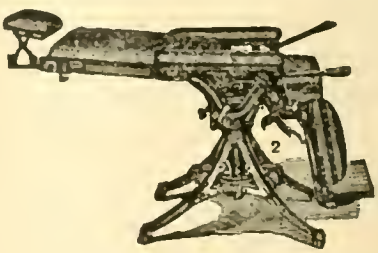

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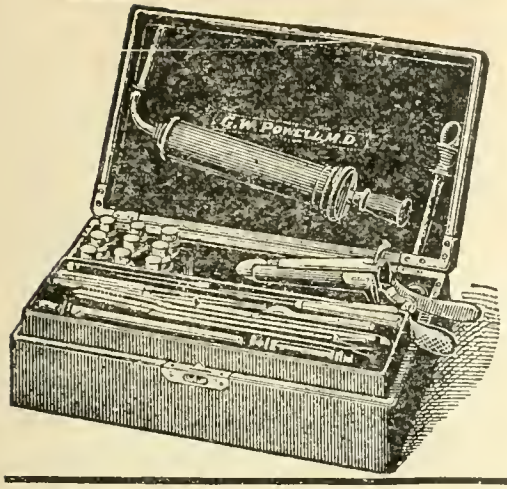

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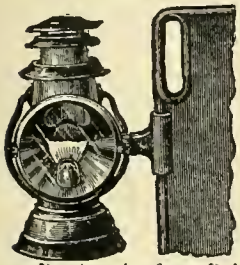

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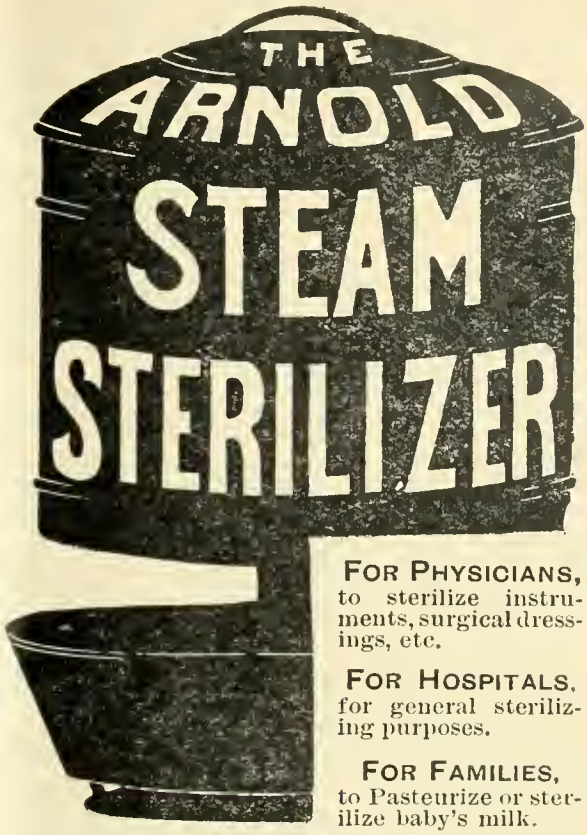

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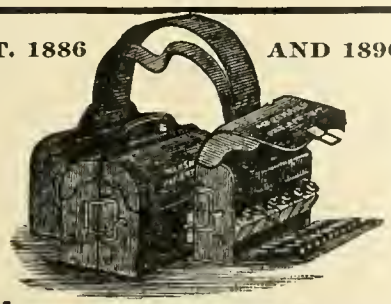

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AUSTRIA.

K. K. Gesellschaft der Aerzte in Wien.

Meeting of May 25, 1894.

New Method of Estimating Leucocytes.—Dr. Elzholz presented a new method for the examination of leucocytes, which permits of rapid estimation, not only qualitative, but quantitative. The blood to be examined is diluted with the following solution: Two-per-cent. eosin solution, 7 grammes ($1\frac{3}{4}$ fluidrachms); glycerin, 45 grammes ($1\frac{1}{2}$ fluidounces); distilled water, 55 grammes ($1\frac{3}{4}$ fluidounces). The mixture is shaken for three or four minutes, and 4 drops of concentrated aqueous solution of gentian violet, 15 cubic centimetres ($3\frac{3}{4}$ drachms) water, and one drop of absolute alcohol added, letting the whole stand for five minutes. The enumeration is then made by Zappert's modification of Zeiss's method. The polynuclear leucocytes appear as the darkest, the eosinophile cells show a characteristic reddish-violet color, while other varieties are recognized by their blue stain. In this manner the predominant variety of white cells can readily be recognized, and the diagnosis and prognosis of diseases of the blood rendered clearer.

School-Hygiene and Diphtheria.—Dr. Kohn proposed, in order to prevent the propagation of diphtheria among school-children, to have them inhale permanganate of potassium, in the form of a spray, before leaving the classes. The society, after considering his proposition, refused to appoint a commission to study the question.

Meeting of May 4, 1894.

Treatment of Cancers with Methyl-Blue.—Prof. v. Mosetig Moorhof showed a patient suffering from villous cancer of the gall-bladder, treated with pyoktanin internally and locally. He introduced into the examination wound every two days a pencil of methyl-blue, and gave 0.60 gramme (9¼ grains) in pills. This treatment, begun March 6, was followed by complete cure.—*La Semaine Médicale*, May 12, 1894.

FRANCE.

Société Française d'Otologie et de Laryngologie.

Annual Meeting, Paris, April 30 to May 2, 1894.

Two Cases of Hysterical Deafness.—M. Cartaz stated that aural manifestation of hysteria have long been regarded as rare, but that this supposition is incorrect. It may be said, however, that more or less complete deafness is rarely associated with the graver symptoms of hysteria, such as mutism and ocular disturbances. He had previously observed two cases, and Gradenigo had collected nineteen. Of the two new cases now reported, one was a young girl of 16 years, who, about to pass examination at school, became deaf and dumb, following a lively discussion with a schoolmate, who gave her a vigorous slap upon the left cheek by way of conclusion. Dazed for a moment, she arose from her seat and went home, where she burst into tears. Her mother could obtain no response to questions, although the girl's lips moved as if speaking. She seemed not to hear what was said to her. She remained in this condition for two days, when the author applied the continuous current, and recovery ensued, either from suggestion or from the real effects of the electricity.

The second case was more rare, being an association of blindness with deafness in hysteria. Sight and hearing both returned under the influence of magnets, combined with suggestion, which, perhaps in this case, played the principal rôle.

M. Rangé had known of numerous cases of hysterical mutism, but the cases now reported by M. Cartaz show that hysteria may affect, functionally, all points of the cortical substance, and that the central sensory troubles caused by it may be associated in many different ways.

The Larynx in Tuberculosis.—M. Helme believed that a distinction should be made between bacillary infection of the endo-laryngeal mucus, developing with all the well-known symptoms, and bacillary infection through the vascular, circulatory, and ascending and descending lymphatic systems. This form develops quietly and with less marked symptoms than the other. It is especially common in general hospital practice.

Many tuberculous patients show from the beginning a peculiar change in the voice, which becomes thick and husky. This functional disturbance is due not to insufficiency of the respiratory sound, since the pulmonary lesions are not advanced enough for that, but to an escape of air between the free edges of the vocal cords. Upon laryngoscopic examination the mucous membrane is seen to be pale and discolored, the cords white and

pearly, but not approximating closely. There is no inflammation, but instead of tension there is a paresis of the vocal bands which prevents them from closing. The glottis, oval in form, has been designated as the buttonhole glottis. This condition of the larynx, the author believes, should be regarded as the laryngopathy of tuberculosis, since there exists no inflammatory process, properly speaking, in the organ itself.—*La Médecine Moderne*, May 9, 1894.

Société Médicale des Hôpitaux.

Meeting of April 6, 1894.

Guaiacol in Orchitis.—MM. Balzer and Lacour treated successfully several cases of painful orchitis by means of external applications of guaiacol. The pomade employed was made of vaselin, 30 granmes (1 ounce); guaiacol, 5 grammes (1¼ drachms). The quantity employed at each application was from 3 to 5 grammes (¾ to 1¼ drachms). Two applications were made daily, and a triple compress was kept in place upon the scrotum by a T-bandage. Although the effects were not as rapid as when pure guaiacol was used, they were entirely satisfactory. The pain rapidly disappeared, the temperature fell to normal, and sleep became possible. These good results may be explained by the local action exercised upon the cutaneous nerve-terminations and the reflex action upon the cord and testicle, rather than by the absorption of the drug. They had found that pure guaiacol caused considerable local irritation.

M. Chauffard had employed to great advantage large doses (6 grammes —1½ drachms—daily) of sodium salicylate in the treatment of blennorrhagic orchitis.—*Le Bulletin Médical*, April 11, 1894.

Meeting of March 16, 1894.

Cold Compresses in Pulmonary Disease.—M. le Gendre stated that in the course of all acute diseases of the respiratory passages, and in certain acute stages of chronic diseases of the same region, active hyperæmia is an important factor in determining the aggravation of the local and general condition. In cases where such hyperæmia occurs, he has found preferable to all other revulsive measures the permanent wrapping of the thorax in compresses soaked in cold water, wrung out so as to be merely damp, and covered with a thin oil-cloth. These compresses should be renewed every quarter of an hour, then every half-hour or hour, according to the condition of the patient. This is the hydropathic method of German authors, and is of especial value in infantile therapeutics, as it may be used for the youngest child, continued as long as necessary, and resumed whenever there is a return of the congestion. It diminishes dyspnœa more rapidly than any other measure, by slowing and amplifying the respiratory movements and by counteracting the hyperthermia and the nervous disturbances accompanying it, such as excitement, insomnia, and refusal to take food.

M. Rendu has made use of the wet pack since 1884, and has found that it causes a great improvement in grave broncho-pneumonia. He does not

use the same method as M. le Gendre, but leaves his patient in the pack for two or three hours. In the first half-hour there is a peripheral elevation of temperature, to which succeeds a stage of reaction, with perspiration and considerable diuresis. It is possible that the action is not the same as that obtained by M. le Gendre, but the effects are excellent and the procedure is perfectly harmless.

M. Richardière has treated sixty cases of broncho-pneumonia after measles, during the present year, at the Trousseau Hospital, and has had excellent results with the wet pack. An important fact is that the temperature does not immediately fall, but that the nervous phenomena are quieted and abundant sweating occurs.

M. le Gendre replied that he used the wet pack in certain cases, but that he believed the method he had just described to be more simple and more rapid in action; besides, it may be continued for some time. He has used fresh compresses upon the chest for eight days, in some cases. In this respect it is better than the wet pack.

M. Rendu considered it superior to blisters, in that it caused diaphoresis and diuresis.—*La Médecine Moderne*, March 17, 1894.

Société de Biologie.

Meeting of March 17, 1894.

Milk Diet and Asepsis of the Alimentary Canal.—MM. Gilbert and Dominici have discovered that an exclusive milk diet has the effect of diminishing to a remarkable extent the number of microbes present in the fæces of man and the lower animals. An adult man, whose fæces contained 67,000 germs per milligramme (6¼ grains), was restricted for five days to milk. At the end of two, three, four, and five days the germs had fallen to 14,000 5000, 4000, and 2500 respectively. The weight of the fæces passed had fallen from 175 to 73 grammes (5½ to 2¼ ounces), and the number of microbes eliminated daily from the alimentary canal from nearly 12 milliards to 164 millions. In short, a milk diet reduced the microbism of the fæces to one-seventh of the normal. Sterilized milk has no greater effect than ordinary milk. The same results were obtained in the dog and the rabbit. In the former the number of fæcal microbes fell from 21,000 or 25,000 to 500 or 1000 per milligramme ($\frac{1}{64}$ grain). The aseptic properties of milk are, moreover, still more far-reaching. The same authors have recently shown that the dog's stomach contained, at an advanced period of digestion, 50,000 germs per milligramme ($\frac{1}{64}$ grain); that the duodenum—of all the portions of the alimentary canal the poorest in microbes—contained 30,000; that the number of micro-organisms in the small intestine increased progressively from the pylorus to the ileo-cæcal valve, exceeding the ileum 100,000; and that, finally, in the large intestine the number was about 30,000. Now, in a dog fed for two weeks on milk, and killed two hours after the ingestion of 300 grammes (9¼ fluidounces) of milk, the stomach contained only 100 germs per milligramme ($\frac{1}{64}$ grain), the duodenum 50, the jejunum 100, the ileum 1300, and the large intestine 1275. The foregoing facts explain the beneficial effects of a strict milk diet in certain putrefactive forms

of dyspepsia, in acute and chronic enteritis with diarrhœa, in dysentery, in typhoid fever, etc., as also in cases in which the liver is illy performing its antitoxic functions. The marvelous results given by a milk regimen in Bright's disease and in its formidable complication, uræmia, are also thus explained.—*British Medical Journal*, March 31, 1894.

GERMANY.

Dreiundzwanzigster Kongres der Deutschen Gesellschaft fur Chirurgie.

Meeting at Berlin, April 18–22, 1894.

Technique of Major Amputations.—Hr. Credé, of Dresden, said that within the past several years surgeons seemed to have lost interest in this subject, although the methods employed were far from being satisfactory as regards the healing of the amputation wound. Union by first intention, also, is not always the rule. The best estimate of the comparative value of the various methods is furnished by the time required for complete cicatrization. He attached little importance to the Esmarch bandage, avoiding a number of ligatures by doing without it. The form of the flap was also a secondary matter. The important point, in his opinion, was to cut a flap lined with a thick, muscular layer, as the muscles have a tendency to undergo ultimate retraction. He abandoned drainage and sutures, and, the catgut ligatures being made, he approached the edges of the flap with a gauze bandage, applied directly upon the stump in such a way as to make slight compression, then applied the dressing. He operated in this way on twenty-two cases, all of which did well, two-thirds healing by first intention. In the other third small areas of suppuration prevented rapid recovery, but in no case was there separation of the wound, as occurs frequently when the flap consists of skin only.

Hr. Gussenbauer, of Prague, said that the only new feature of Credé's method was that he did not use any sutures; but it was doubtful if this was an advantage, as it was only by sutures that the edges of the wound could be exactly approximated. He had also long abandoned drainage and applied a compression bandage directly to the stump.

Venous Stasis in Surgical Tuberculosis.—Hr. Bier, of Kiel, stated that within the last two years he had treated one hundred and eighty cases of surgical tuberculosis of the extremities by producing venous stasis. The method consists in wrapping an ordinary bandage around the affected member as far as the diseased point, and placing above it an elastic band, in such a way as to cause venous stasis of the diseased area. He divided his cases into two classes,—those with and those without fistula. In cases without fistula, a notable functional amelioration rapidly occurred, and a painful spot appeared, on the site of which an abscess formed. The spontaneous or artificial opening of this abscess leaves a fistula. To avoid this, he punctures the abscess with the needle of a Pravaz syringe and injects iodoform, first evacuating the contents. In this way, in spite of the abscess, the application of the elastic band may be continued. However, if a large

abscess form, it is best to abandon this method of treatment. In cases where a fistula already exists, the use of the bandage provokes an abundant secretion, and cure is rarely obtained. He always combines his method in such cases with injections of iodoform-oil or zinc solution. In cases of local tuberculosis, not opened, the plan had been satisfactory in his hands, and he had even obtained some cures. In three cases of tuberculosis of the epididymis and testicle, elastic constriction brought about recovery in two. He had one case of recovery from lupus of the face, where he produced venous stasis by means of cups. He considered his success sufficiently encouraging, and recommended the combination of his method with iodoform injections.

Hr. Zeller, of Berlin, said that the method had been successfully tried in four cases without fistula in Sonnenburg's clinic. In one woman with lupus of the face and beginning tuberculosis of the wrist, complete recovery of the latter affection had taken place. Whenever the case was a recent one, the results showed the efficacy of the method. In four other cases the combination of venous stasis with iodoform injections was followed by excellent results, one child with tuberculosis of the knee having been cured.—*Deutsche med. Zeitung*, May 21, 1894.

Anæsthesia.—Geheimrath Gurlt read the yearly report of the collective inquiry into the statistics of narcotization. The report embraces 51,846 narcoses of the year 1893, of which 32,723 were produced by chloroform, 11,617 by ether, 3896 by chloroform and ether, 750 by chloroform, ether, and alcohol (Billroth's mixture), and 2769 by ethyl bromide. A number of laughing-gas narcotizations are added. These 51,846 surgical narcoses count 20 deaths, and of these, again, 17 are after chloroform. Thus, the average proportion was 1 death to 2587 narcoses and 1 death to 1924 chloroform narcoses. In the four years during which the inquiry has been carried on, only 1 death after ether has been noted, and, accordingly, the use of ether has increased from 6200 cases in 1892 to 11,600 in 1893. The chloroform-ether mixture was used 1200 times in 1892 and 3800 times in 1893. Pictet's chloroform (purified by exposure to extremely low temperature) was used 3182 times, as against 708 in 1892. In spite, however, of this and other purified chloroforms at present in use, death during chloroform narcosis has not proved preventable, and the general opinion now is that it is not caused by the chemical impurities contained in ordinary chloroform.—*British Medical Journal*, May 5, 1894.

Conservative Treatment of Hip Joint Disease.—Professor Bruns, of Tübingen stated that various changes have taken place in the treatment of this disease during the past twenty years, and even now surgeons are not by any means of one mind as to the best course to pursue. The minority still hold to operative treatment, whilst the majority have advanced to a more conservative and expectant line of action. Professor Bruns has come to the conclusion that the latter shows at least as good results as the former. In the Tübingen clinic, during the last forty years, 600 cases were treated, and later examinations were made in 200 of them. From the data at his command, it was shown that tubercular hip-joint disease, almost without ex-

ception, occurred before the twentieth year of life, and that 50 per cent. recovered after four years' illness. Forty per cent. of all cases ended fatally from tubercular disease of other organs or general tuberculosis. Of the non-suppurating cases, 77 per cent. recovered; of the suppurative, 22 per cent. The prospect of recovery became worse the higher the age. Even recovered cases often died of subsequent tuberculosis. Those permanently recovered mostly gave the impression of perfect health, and showed a noteworthy usefulness of the limb affected, which was only limited by its angular position. As a rule, a partial or total ankylosis of the hip-joint remained. As regarded usefulness, the shortening of the limb was of less importance than the flexion of the legs. Resection gave no better results functionally than the conservative method of treatment, and should only be adopted where the conservative method was impracticable, or where it had been tried and led to no result. In the mean time, however, Professor Bruns would withhold his definitive judgment, as a sufficient amount of experience with the modern treatment of wounds was wanting.

Hr. Schede, of Hamburg, discussed in detail the advantages of injection of iodoform glycerin into the tuberculous joint, which in a moiety of the cases rendered resection unnecessary.

Professor Helferich, of Greifswald, emphasized the necessity of long-continued treatment. No cure was brought about by resection and cicatrization of the wound. If treatment was not continued, serious disturbances were certain to arise later. For this reason resection could not be looked upon as a finality; care had also to be taken to insure a good position of the leg. Generally, those who were discharged as cured after resection came back again later in a bad condition in consequence of an unsuitable mode of life after withdrawal from medical supervision. Ankylosis from this cause frequently came on years afterward. For these reasons the greatest attention should be paid for years to the hygienic surroundings of the patient, as well as to the condition of the recovered bone, if the result obtained at first was not to be jeopardized.

Professor Gussenbauer, of Prague, represented the extreme stand-point of conservative treatment of cases of tubercular coxitis, preferring not to have such cases touched.

Prof. v. Bergmann was more in favor of operative treatment, which, in cases of profuse suppuration, was the only course open.

Professor Bramann, of Halle, preferred resection to be limited to those cases in which the acetabulum was known to be diseased, and referred to eleven such cases in which he had performed resection.

Professor Madelung, of Rostock, noted that the prospects of conservative treatment became better when the patients were taught to go about for long periods in a suitable apparatus.—*Medical Press and Circular*, May 16, 1894.

Aerztlicher Verein Muenchen.

Symmetrical Lipoma.—Dr. Adolph Schmitt presented a man, 50 years of age, suffering from multiple, voluminous tumors, which first made

their appearance five years previously upon the neck and shoulders, upon which he was accustomed to carry heavy beams in his daily work. On each side of the median line there was a soft, movable tumor, extending behind the mastoid apophysis above, and along the sterno-mastoid below, almost to the sterno-clavicular articulation. The shoulders were greatly enlarged by enormous lobular masses covering the deltoid muscles and extending to the middle of the arm, forming a striking contrast to the comparatively thin forearm. The same was the case with the lower limbs, the thighs being covered with swellings as large as an ostrich-egg, symmetrical, and occupying the external and internal sides of the thigh. Upon the back and chest were voluminous tumors, and on the abdomen smaller ones, the size of a hen's egg.

The etiology of these tumors is obscure, the patient's explanation, constant pressure, being without any importance as a cause. As they give no great inconvenience, the treatment remains expectant; removal by operation may be difficult, owing to the prolongations of the tumors into the adjoining tissues.

A second case was presented by Dr. Schmitt,—a man of 60 years, with numerous symmetrical neurolipoma or neurofibroma, varying in size from that of a hazel-nut to a walnut, and following the course of the nerves. About twenty-five could be counted on the chest and abdomen, along the intercostal and abdominal nerves, on both legs, following cutaneo-femoral nerves. It was also interesting to observe their appearance on the arms. The patient had undergone an operation (sequestrotomy) on the upper arm some twenty years previously, in the course of which the right radial nerve was cut. Since that time there was complete radial paralysis, and at the upper extremity of the nerve there is a painful neuroma as large as a hazel-nut. There are no other tumors in the course of this nerve, but there are a number on the other arm over this nerve, and five on the ulnar nerve of each side. As there is but one painful tumor—that over the cut nerve—surgical treatment is not necessary.—*Münchener med. Wochenschrift*, May 15, 1894.

GREAT BRITAIN.

London Clinical Society.

Meeting of May 25, 1894.

Treatment of Leg-Ulcers.—Dr. E. Diver read a paper on the use of chlorine gas in the treatment of chronic ulcers of the leg. The gas was formed by pouring about 2 drachms (8 grammes) of potassium chlorate and 1 drachm (4 grammes) or more of HCl into a pickle or marmalade jar, the outside of which was covered by brown paper. After this a disc of white paper was introduced, and on top of the paper sufficient absorbent wool; a large cork was then fitted to the neck of the jar. The wool, yellowish green on the surface when first exposed to view, was placed over the ulcer, and quickly covered by gutta-percha tissue, and ordinary bandages applied. No rest was enjoined. The gas was probably chiefly Cl with some peroxide of Cl in mixture.

One patient had, on commencing treatment, a varicose ulcer on each leg, between the calf and the ankle. Both steadily improved under treatment, and the left was well within eight weeks, the dressing having been applied three times weekly. This leg had never been healed for twenty-five years, and at the time of commencing treatment the ulcer was over two inches long by nearly two inches broad. The healing of the second ulcer was impeded by an accident, and by several other circumstances.

Another patient had a large, deep, annular ulcer, which originated from a cat-bite some twenty years ago. Its boundaries were from a little above the ankle to near the middle of the calf. It was treated in exactly the same way, and soon its ashy surface showed granulations, which went on increasing until the level of the skin was reached after six weeks' treatment. It has since steadily improved.

The author had observed that chlorine gas increased in an extraordinary manner the germinating power of poor samples of barley, and this fact induced him to employ it as a local stimulant.—*Medical Press and Circular*, May 30, 1894.

Sulpho-carbolate of Sodium in Purpura Hæmorrhagica.—Dr. Sansom reported the case of a girl, aged 12, admitted into the London Hospital on November 15, 1893, in an extremely feeble and critical condition. Extravasations of blood were seen about the eyelids; there was much oozing of blood from the mouth; hæmorrhagic stains and spots were observed on the skin covering the chest, abdomen, back, as well as the upper and lower extremities. Bullæ (as of pemphigus) containing deeply blood-stained fluid were upon the left ala nasi, over the abdomen, the arms, and the legs. The tongue, generally stained darkly, presented several small bullæ over its dorsum and sides; similar blebs were seen within the lips, all containing blood-stained fluid, some bursting and liberating their contents to produce oozing from the mouth. There was vomiting, the vomit being blood-stained, and much blood was voided with the evacuations The urine contained a trace of blood. The pulse was 124 and the respirations 34 per minute; there was cough with deeply blood-stained sputa; bronchitic râles were heard on the chest and over the front and base of the right lung. The temperature on admission was 98.8° F. (37.1° C.), but rose on the day following to 103.8° F. (39.9° C.). Half-drachm (2 grammes) doses of sodium sulpho-carbolate were administered every four hours. During the next five days the patient was in a very critical condition, the signs being little changed. After nine days, though there were indications of some general improvement, hæmorrhagic extravasations were observed on each fundus oculi, with signs of double optic neuritis. There was, however, continuous amendment, though the temperature rose on one day to 105° F. (40.6° C.) and on the next to 104° F. (40° C.). All the morbid signs passed away, and the patient was discharged quite well after having been in the hospital for thirty-six days. It was thought probable, considering the mode of onset and the accompanying pyrexia, that the disease in this case was due to an infective agency. Collateral evidence showed that influenza might be attended with the signs and symptoms noted. In a well-marked case the administration of sodium

sulpho-carbolate in half-drachm (2 grammes) doses every four hours for a protracted period had been practiced, and the patient completely recovered. Encouraged by this, Dr. Sansom adopted the like plan of treatment in the case now brought forward; the recovery was equally satisfactory.—*Lancet*, June 2, 1894.

Medical Society of London.

Meeting of April 16, 1894.

Retained Testis.—Mr. C. B. Keetley exhibited two cases of retained testis, illustrating a new mode of operating. The testis, after being thoroughly freed from its fibrous attachments in the inguinal canal, was brought down, and two skin wounds being cut in the scrotum and neighboring part of the thigh respectively, these wounds and some of the fibrous tissue always found attached to the testis or epididymis were sutured together, the sutures piercing the tunica vaginalis. In one of the cases shown the testis had been, without inconvenience, left united to the thigh for five months. In both a hernia had been operated on at the same time for radical cure, and in one for an umbilical hernia also. The surgeon could, of course, ultimately separate the testis from the thigh.

Mr. Swinford Edwards remarked that in the elder of the two subjects shown the testis was much atrophied, and he thought it would have been better to have removed it altogether at the time of the operation. He wondered if such an organ could recover its natural size and function.

Mr. Keetley said that the testis had already grown since it had been down. There was positive evidence to show that retained and atrophied testes were not always functionless, especially when brought down in youth, and the patient, if consulted, preferred, as a rule, to retain them. The question of retention of the testis was a minor one from an operative point of view, for on each of the patients an operation for radical cure of hernia had also to be performed. If the testes were to be left it was important to very thoroughly free the sac from the cord in the operation for radical cure.

Intestinal Obstruction.—Mr. Goodsall exhibited a patient, a female aged 27, who had suffered from intestinal obstruction; left inguinal colotomy was performed, and three years later, the cause of the obstruction having been removed, the colotomy opening was closed. He first saw the patient in consultation, on December 19, 1890. Her illness had lasted for ten months. At first she was treated for ovaritis (right side), later for fibroid of uterus, and in November, 1890, for pelvic cellulitis or abscess. When he saw her the bowels had not been relieved for eighteen days; there was and had been constant vomiting for forty-eight hours, with very severe pain in the lower part of the abdomen. The rectum was empty; the abdomen was not distended with flatus. The transverse colon and the sigmoid flexure were dull on percussion, but the right iliac region was resonant. Hard fæces could be felt in the transverse colon. On December 20, 1890, the patient was admitted into the Metropolitan Hospital under his care and left inguinal colotomy was performed. The sigmoid flexure was so full of hard matter that it could not be brought through the abdominal incision.

Its front surface was, therefore, sutured to the sides of the incision. Twenty hours later the colon was opened by a longitudinal incision about one inch in length; the sides of this opening were drawn out and sutured to the skin about half an inch outside the upper and lower border of the abdominal incision. The bowels acted through the opening and the vomiting ceased. On the following day, December 21st, fæces passed into the rectum as well as through the colotomy opening. In June, 1891, the first attempt was made to close the opening into the colon, but failed, as did two other attempts, because of the sickness caused by the anæsthetic. On October 17, 1893, an exploratory examination was made to find out the cause of the intestinal obstruction preparatory to making a fourth attempt to close the opening into the colon. A band of omentum was found passing loosely over the lower part of the sigmoid flexure of the colon, and adherent to the front wall of the pelvic cavity. This band was ligatured at both ends and removed. After this operation the patient had scarcely any vomiting from the anæsthetic. Early in December a fourth attempt was made to close the opening into the colon. No vomiting was caused by the anæsthetic, and the opening into the colon had remained closed since the operation. The bowels now acted regularly per rectum. Menstruation, which had always been more or less irregular and painful, was now quite regular.—*Lancet*, April 21, 1894.

Meeting of May 7, 1894.

Starting-Points of Tuberculous Disease in Children.—Dr. J. Walter Carr read a paper based on 120 necropsies upon children suffering from tuberculous disease, and drew the following conclusions: 1. Tuberculous disease commences usually in the glands, the liability being its maximum during infancy and early childhood, and rapidly decreasing in later childhood. But, of the 120 cases, the disease had almost certainly commenced in the glands in 70, or 58.3 per cent. (including 13 in which glands only were involved), and in 17 more, or 14.2 per cent., there was considerable probability at least that the glands were the primary focus. Including the doubtful cases, the glands formed the primary focus in 64.5 per cent. of those under 5, and in only 37 per cent. of those above that age. 2. Tuberculous lesions in the cervical glands, as in the joints, may arise by infection through the blood-stream, but caseation of the bronchial and mesenteric glands, when primary, is usually, if not always, due to direct infection from the organ with which they are connected, it having been shown that bacilli may pass through the lungs or the intestinal walls without producing any recognizable lesion, and that they then enter the lymphatic channels, and not the blood-vessels. 3. Tuberculous disease starts much more frequently in the thorax than in the abdomen, and certainly far more often in the thoracic than in the mesenteric glands. Of the 120 cases, in 79 the disease probably started in the thorax (in 54 certainly and in 12 possibly in the bronchial glands); in 20 in the abdomen (in 12 certainly and in 2 possibly in the mesenteric glands); and in 6 in either one or the other cavity. In only 2 cases were the cervical glands the probable

primary focus. The conclusion is that, though infection undoubtedly does occur through the intestines, and especially (as experiments on animals have shown) through milk, yet infection through air is by far the more frequent and important. The disease is so commonly generalized in children that figures merely giving the frequency with which different parts are affected are of little value, the important point being to ascertain where the disease is most advanced,—that is, where it probably commenced. 4. Caseation of internal glands, from the frequency with which it is found after death, must often exist alone and quite unsuspected, being doubtless in many cases quite impossible of diagnosis, and it is very necessary to realize its frequency and importance when dealing with obscure febrile conditions in children. 5. In regard to treatment, prophylaxis is by far the most important; and as it is probably impossible to prevent bacilli from obtaining access, we must try to increase the resistive powers of the system to their entry, above all by keeping the mucous membranes healthy, by dealing promptly with, and if possible preventing, rickets,—the great cause of catarrh in early childhood,—and by taking especial care of children during convalescence from acute specific fevers, which so depress the vitality of the body generally, and the resistant power of the mucous membranes, as well as the filtering power of the glands in particular.

Dr. Sidney Martin questioned the accuracy of the author's figures in so far as they bore on the proportion of cases in which infection took place through the intestine. The difficulty of establishing post-mortem where infection had originally taken place was one that forced itself on the attention of all investigators. The author seemed to take as proved a good deal in respect of the infectivity of food which was far from certain. He divided cases of tuberculous infection, whether experimental or clinical, into three classes: (1) those in which there was a definite lesion at the seat of infection; (2) those in which there was no local lesion at the seat of infection; and (3) those in which the local lesion was slight or healed, and in which the constitutional infection took place later on. He pointed out that the puzzling cases of so-called primary tuberculosis in the meninges, joints, or glands were often dependent on the previous existence of infected, and for a time quiescent, glands in the mesentery or elsewhere. He explained that when the dose was small there might be no local lesion, only the glands being infected. If the dose were large enough, however, it would produce tuberculosis with a local primary lesion, however introduced. The production or not of a local primary lesion was merely a question of dose.

Dr. Routh suggested that the irritation of the neighboring lymphatic glands was an effort on the part of nature to resist the invasion of the organism.—*British Medical Journal*, May 12, 1894.

UNITED STATES.

The Medical Society of the State of Tennessee.

Meeting at Memphis, Tenn., April 10 and 11, 1894.

New Method of Enterorrhaphy.—Dr. B. B. Cates, of Knoxville, read an article on some experiments upon the primæ viæ, with report of a new

method of enterorrhaphy; its technique and results. His observations were made upon animals, the operations being done with strict antiseptic treatment of the wounds, instruments, sponges, utensils, hands of operator and assistants, but there was no preparation regarding the condition of the animal before or after the operation. Nevertheless, after the abdomen was entered he was very careful to prevent any extravasation into the abdominal cavity, by drawing only that portion of the primæ viæ intended for operation into the external wound, and packing bichloride gauze around the gut at the margin of the wound. He then displaced the fæcal matter from the field of operation by pressing on either side of the gut with the fingers, and tying elastic ligatures around the gut above and below the point of incision in the bowel. These ligatures prevented fæcal regurgitation from contaminating the wound and embarrassing the operation. No attention was paid to the toilet after closing the external wound, the animal being allowed to run about and eat what it wished. These experiments, eighteen in number, led him to the following conclusions:—

"1. Perforations occurring at the site of operation when making invagination are more liable to be near the mesenteric attachment. 2. Nothnagel's test was corroborated three times. 3. When using hydrogen-gas in locating perforation and obstruction in primæ viæ, we should be sure that there is no occlusion in the rectum, as ordinary fæces, etc. 4. In excision of the cæcum, when ligatures are applied to the mesentery to stop hæmorrhage, there is liability of including the arterial supply of the bowel not in the area of the cut-off gut. 5. It is not absolutely necessary to apply a ligature to the mesenteric arteries in the cut-off gut, simple compression with hæmostatic forceps and carrying of the mesentery from its attachment to the cut-off gut being sufficient. 6. In making lateral anastomosis, or end-to-end union of bowel-wall, a slight scarification of the serosæ would, as first pointed out by Davis, of Birmingham, hasten the adhesion, and consequent healing of the coapted parts. This may be omitted where the adherent surfaces are backed up by sutures. 7. Where the coapted parts are reinforced by sutures such as catgut, the latter serve as a frame-work for the plastic exudate which is quickly thrown out, thereby shutting off any avenue for the intestinal secretions to escape into the abdominal cavity. 8. Whatever sutures are applied to serosæ, they will be covered with plastic exudate within twelve to forty-eight hours. 9. Buttons offer many advantages as sutures over plates in making approximation of bowels by later anastomosis: (*a*) time, which is such an important factor in these operations, is greatly reduced; (*b*) they do not slip about and thus annoy and vex the surgeon; (*c*) the approximate surfaces can be increased or reduced at the surgeon's will; (*d*) they act as splints to the bowel and bring the coapted parts into closer union and the ectropium is easily controlled; (*e*) the button, when it frees itself by pressure atrophy, will, on account of its small size, easily pass through the ileo-cæcal fissure. 10. Wherever the fistulous communication between the bowel is over an inch in length, a button should be inserted every three-fourths of an inch, to prevent ectropium and bring the bowel into closer union. 11. Lateral anastomosis as a

surgical procedure offers better ulterior results in restoring the fæcal circulation than end-to-end union of bowels. In the former method, when the opening is not long enough, it is not followed up by so great traumatic stenosis as in end-to-end union. 12. In making this anastomosis, my button is superior to plates, and therefore I offer it to the surgeons of America (in lieu of plates), into whose hands its future usefulness as a surgical process is resigned. 13. Whatever procedure is adopted, it is safer to back up or enhance the circumference of the fistulous communication in coapted bowels with sutures of fine aseptic silk, which will encapsulate itself, or catgut, which will be ultimately absorbed, the Dupuytren or the Dieffenbach suture being the quickest and easiest applied.

"The button used in my experiments consists of a male and a female portion. The female portion of the button is made of brass, though for obvious reasons aluminum or silver would be better, and has a base seven-sixteenths of an inch in diameter, with a small cylinder projecting from it about three-sixteenths of an inch long, hollow from end to end, and with a slit on either side of the cylinder reaching nearly to the base. The male portion of the button, which is solid, consists of a base five-sixteenths of an inch in diameter and a neck one-fourth of an inch long. This fits into and may penetrate beyond the base of the female button. To make the buttons easier of introduction, the female is accompanied by a sharp point about an inch long, which has a neck guarded by a shoulder, and this neck fits into the apex of the cylinder of the female button. The male button is also accompanied by a sharp point, a cap, an inch long, hollow at its base. This fits over the neck of the male button. The technique of the operation, when using the button, is the same as when using the plates until after the incision is made into the intestine, when an assistant arms the female portion with the steel point, which you quickly thrust through the entire thickness of the bowel-wall from within outward, commencing on the lower side of the fissure. Then fitting the sharp spike or cap over the male button, it is passed through a corresponding point in the opposite cut edge of the bowel, from within outward. The male is then fitted in the female button and pushed home from within the lumen of the bowel. In like manner the angles of the fissure are approximated, leaving the upper sides of the opening to be closed last. Here the surgeon, after inserting the buttons, is to grasp the base of the male and female buttons separately with tissue-forceps, and after inverting the cut edges of the wounds with buttons *in situ*, so as to bring the serosæ *vis à vis*, he engages the male button in the female and pushes it home from without through the bowel-wall. This button is smaller than the Murphy button."—*Journal of the American Medical Association*, May 19, 1894.

Eleventh International Medical Congress.

Meeting in Rome, Italy, March 29 to April 5, 1894.

Treatment of Epilepsy.—M. Sanchez Herrero, of Madrid, recommended the following formula: Water, 500 grammes (1 pint); bromide of potassium, 50 grammes (1½ ounces); iodide of potassium, 5 grammes (1¼

drachms). One hour before meals, 20 cubic centimetres (5 fluidrachms) of this mixture are administered, and the dose increased daily until a state of continual somnolence or intoxication is produced. For this 30 cubic centimetres (1 fluidounce) are generally sufficient, though sometimes 50, 60, and even 70 cubic centimetres ($1\frac{1}{2}$, $1\frac{3}{4}$, $2\frac{1}{4}$ fluidounces) are required. The condition of bromic intoxication in the first eight or fifteen days is indispensable to the success of the treatment, which is continued for six months, the dose then being gradually diminished and hypnotic suggestion practiced two or three times a week. Recovery takes place by the end of a year. Of thirty cases thus treated nineteen were cured; the others, who failed to follow out the treatment regularly, were considerably improved. *Gazette des Hôpitaux*, June 2, 1894.

Lactic Acid in Chronic Laryngitis.—Professor Massei, of Naples, stated that he had obtained excellent results in tuberous inflammation of the cords by the use of a lactic-acid spray (2 per cent.) six or eight times daily. While recognizing the difficulty of obtaining a positive and definite cure in such cases, he wished to call attention to the value of lactic acid, and to urge its trial in laryngitis.—*Revue de Laryngologie*, June 1, 1894.

Treatment of Rheumatic or Hepatic Diabetes.—Dr. Monin, of Paris, recommended the administration of permanganate of potassium, in doses of 10 drops of a 5-per cent. aqueous solution gradually increased to 30 drops twice a day, after each of the principal meals, given in a glass of old wine. As a drink in these cases he prescribed a hot infusion of maté. This medication re-invigorates the vital forces, reduces the thirst, and causes a notable diminution of the amount of sugar in the urine, without the necessity of resorting to a strict antidiabetic regimen. In cases of diabetes with enlargement of the liver, this treatment brings about a reduction in size of the organ within ten or twenty days, and at the same time an improvement in the symptoms associated with hepatic congestion. Another constant effect of the permanganate is an increase in the number of red blood-corpuscles and in their proportion of oxyhæmoglobin. The hot 8-per-cent. infusion of maté, taken without sugar at meal-time and between meals, in amounts varying, according to circumstances and the thirst of the patient, from 2 to 6 quarts (litres) a day, adds greatly to the good effects of the permanganate. The maté should be used in powder, and this powder should be taken together with the infusion suspended in it. The richness of the *Ilex Paraguayensis* in tannin and chlorine combined and the considerable proportion of the soluble salts of potassium and of magnesium which it contains explain in part its useful antidiabetic action. Maté reduces the amount of sugar excreted in the urine in the same way as does opium, but, unlike the latter drug, produces no narcotism, constipation, or cardiac depression. On the contrary, the re-awakening of the psycho-physical forces, the regulation of the action of the bowels, and the tonic action of maté upon the heart are properties which render it of special service in cases of diabetes mellitus.

Dr. Monin, in conclusion, said that he had employed the course of treatment here outlined in upward of forty cases, and was able to affirm, in the

most positive terms, its great efficacy in the hepatic or arthritic forms of diabetes. The nervous and pancreatic varieties of the disease are less favorably affected, although a palliation of the symptoms in grave forms of these varieties may often be obtained by means of the permanganate and maté.

TREATMENT OF THE TYPHOID STATE.—DR. JUHEL-RENOY, of Paris, stated that all infectious diseases may assume the typhoid aspect, and when this occurs refrigerant treatment is indicated. The method of this refrigerant medication must vary according to the result which it is desired to obtain. It is vastly superior to any other procedure in all forms of infectious fever; it reduces the total mortality of typhoid fever to 7 per cent.; of typhoid erysipelas to 9 per cent.; of malignant scarlatina to 14 per cent.; of ataxo-adynamic measles to an almost inappreciable figure. The mortality of adynamic grippal pneumonia is reduced one-half by cold baths, and small-pox, when treated in this way from the start, is much milder in its course. The ways in which cold baths bring about the disappearance of the typhoid condition are numerous, but that which seems to be the most important as well as the most constant is the urinary crisis, an indication, when it occurs, of an early cure.

TYPHOID BACILLI IN THE GALL-BLADDER.—DR. H. CHIARI, of Prague, said that systematic bacteriological examination of the contents of the gall-bladder in cases of enteric fever almost always revealed the presence of typhoid bacilli. These may increase in numbers and induce an inflammation of the gall-bladder, possibly an explanation of certain cases of relapse in typhoid fever. The bacilli gain entrance either through the blood or by direct ascent through the common bile-duct from the intestine.—*Medical Record*, April 28, 1894.

Selections from Reports of Members of the Annual's Editorial Staff.

Denmark.

DR. F. LEVISON,

REFERENT FOR DEN DANSK LITTERATUR VEDRØRENDE: ALMINDELIG MEDICINSK PATHOLOGI OG THERAPI, DERI INDBEFATTET, NERVE- OG SINDSSYGDOMME, PÆDIATRIK, OBSTETRIK, GYNÆKOLOGI, HYGIEINE, DEMOGRAPHI, RETSMEDICIN, PATHOLOGISK, ANATOMI, BAKTERIOLOGI.

Alle medicinske Bøger, Disputatser, Monographier, Tidsskrifter etc., der adkomme i Danmark bedes sendt til

DR. LEVISON,
Nørrevoldgade, 13,
København.

Effect of Alcohol on Proteid Metabolism.—STRÖM has found, by experiments upon himself, that alcohol does not diminish the excretion of nitrogen in the urine, but rather increases it. By the addition of 29 grammes (7½ fluidrachms) of alcohol to each meal, the metabolism of the proteid substances in the food was lessened, as shown by analysis of the fæces. Small doses of alcohol (13 drachms—3¼ fluidrachms—at each meal) caused a greater metabolism, but this effect lasted only a few days.—*Thesis*, Copenhagen, 1894.

Ovarian Pregnancy.—A. LARSEN observed the case of a woman, 23 years old, pregnant for the first time, who felt pain in the abdomen in the third month and the

movements of the fœtus in the fifth month. Toward the normal end of gestation pain set in, blood was evacuated *per vaginam*, and the movements of the fœtus ceased. No delivery took place. More than a year after the beginning of pregnancy the woman presented herself with a tumor in the abdomen, and complained of pain and a bearing-down sensation. Laparotomy was performed, and a round, smooth tumor was discovered near the uterus and removed. The uterus itself was of normal size and shape. The tumor consisted of a sac containing a male fœtus in a state of maceration and compression. In the wall of the sac were groups of follicles with evident membrana granulosa, and in some of them ovula were found.—*Bibliothek for Läger*, H. 1, 1894.

A Case of Amelia.—HAMBURGER describes the case of a healthy secundipara who was delivered, in the maternity at Copenhagen, of a child weighing 1600 grammes ($3\frac{1}{4}$ pounds) and measuring thirty-three centimetres in length. The head, trunk, and external genitals were well developed, the testicles being in the scrotum. The clavicles and scapulæ were found on both sides, but the upper extremities were represented only by small prominences containing a cartilaginous nucleus. The right inferior extremity was also but a wart-like excrescence, while the left consisted of a small appendage ending in a foot placed in the varus position. No knee-joint could be discovered. The labor was at term and normal.—*Hospitals-Tidende*, p. 257, 1894.

Treatment of Small-pox by Colored Light.—Owing to misunderstandings which have arisen as to this method of treating small-pox, FINSEN has formulated the following rules: 1. The windows and doors must be protected by red curtains or red glass; when the curtains are made of paper or thin material, three or four layers are necessary, but one layer of flannel is sufficient. Red glass of a dark tint, such as used in photographers' lamps, is to be preferred. Electric light and gas are to be avoided, but stearin candles may be used when visiting the patient. 2. The treatment must be commenced as soon as the eruption has appeared, and continued without interruption until the vesicles have dried up. 3. Any other treatment, internal or external, which may be indicated in a given case, can be combined with this treatment. 4. When properly carried out, this method will insure a speedy recovery without scars, even when the case is severe.—*Hospitals-Tidende*, p. 238, 1894.

Syphilis Among the Esquimaux.—It has been generally believed that the Esquimaux were immune against syphilis, as no case was observed in one hundred and fifty years, although the infection was known to have been repeatedly taken to Greenland by sailors. After the year 1872 fifty cases were observed amongst the natives of the villages of Foighet and Arsuk; in 1889 only ten cases were observed, while there have been none since 1890. HELMS, in discussing the subject, attributes the rarity of the disease to a diminished susceptibility on the part of the natives. Other medical men equally versed in the pathology of the Esquimaux are inclined to ascribe the extinction of syphilis to the treatment and severe hygienic measures adopted by the Danish government, including the isolation of the infected village.—*Hospitals-Tidende*, p. 173, 1894.

Arthropathy in Congenital Syphilis.—ADSERSEN has observed several cases of suppuration of the bones in syphilitic children, which he considers as due to the latter disease. In all the affection began in the bone and extended to the cartilage and ultimately to the mucous membrane of the joints. The epiphyses of the long bones seem to be especially liable to the affection.—*Hospitals-Tidende*, p. 101, 1894.

India.

DR. ARTHUR NEVE,
CORRESPONDING EDITOR FOR MEDICAL LITERATURE OF INDIA.

All books, theses, monographs, etc., published in India should be sent to

DR. ARTHUR NEVE,
Kashmir, India.

Diseases of the Conjunctiva.—There is a disease not uncommon in Kashmir which might be termed *circumferential pinguecula.* It is met with in the middle-aged, generally the peasantry, who are otherwise healthy. It is not associated with chronic conjunctivitis in all cases, though there are usually signs of irritation. There may be associated pterygium. The cornea is surrounded by superficial, slightly-raised nodules, blended with one another and overlapping the corneal margin in an irregular manner. The color is a semi-transparent, grayish pink, or yellow. It is very slightly vascular, and is firmly adherent to the deeper tissue. We treat it by peritomy, making an incision external to the growth and dissecting toward the cornea, with which it is blended.

Pterygium seems almost a misnomer for the condition frequently seen here, in which the disease extends round half the circumference of the cornea. It is also not confined to the inner side, but may be double, or on the outer side only.

Diseases of the Cornea.—Fascicular keratitis is also a common affection, a leash of vessels running across the cornea to an opaque spot marking a former ulcer. A dense, non-vascular pannus is constantly met with in cases of long-standing trichiasis. This resists medical treatment, but in some severe cases superficial scraping or scratching with a fine knife has produced rapid improvement for a time while under treatment.

Treatment of Tumors.—Injections of methyl-blue have given encouraging results in two cases,—one a sarcoma which had been operated on elsewhere, but only partially removed. A solid mass filled the parotid region, and the ear had been cut away, leaving an extensive raw surface. During the month the patient remained in hospital the raw surface cicatrized and the tumor diminished in size. A case of recurrent epithelioma of the abdominal wall was completely cured by interstitial injections, and the patient for the last year has remained free from the disease. On the other hand, in epitheliomatous glands of the neck and groin, no such favorable results were obtained during short periods of treatment, nor did a case of extensive lympho-sarcoma improve. Under subsequent injections of strong glycerin solution of corrosive sublimate, one or two of the gland masses have sloughed away, and others are softening.

Ligature of the common carotid is an operation practiced here in cases of malignant tumor of the head and neck not amenable to complete excision. In my hands it has not been followed by any bad cerebral symptoms, and, in conjunction with partial removal of accessible portions of the tumor, has arrested the spread of the disease for long periods. One such case was seen three years after removal of a round-celled sarcomatous mass the size of a cocoa-nut, with a hard, slow-growing local recurrence. Such ligature as a preliminary stage of the operation occupies but a few minutes, and facilitates bolder measures than would be otherwise practicable. Venous bleeding seems in no way diminished during the subsequent stages of operation.

After excising large epitheliomata, I frequently utilize the flaps of skin cut from the eyelids in trichiasis operations to fill the gap. Where the ophthalmic and general surgical departments of a hospital are in touch with one another, such an economy of human tissue is much appreciated by the patient, who would otherwise have to allow his own skin to be utilized.

Tumors of the testicle, including cysts and tubercular foci, may sometimes be removed in such a manner as to leave the organ or part of it. (See article in *Lancet*, November 4, 1893.) My practice is now to lay open the tumor freely so as to observe its nature and connections. If non-malignant, it may be then carefully dissected out. In tuberculous disease, which is apt to be multiple, the testicle may be laid open so as to examine its whole substance, and, if free of disease, the tunica propria be sewn up with a continuous suture of catgut. This I did in a recent case, in a patient who strongly objected to castration even of a diseased organ.

Poland.

DR. J. DRZEWIECKI,

Redaktor Korespondent z działu polskiej literatury tyczącej się: Medycyny ogólnej i lecznictwa; pediatryi; akuszerzyi; ginekologii; laryngologii; otologii; hygieny; demografii; medycyny sądowej; histologii; patologii; bakteryjologii; anatomii; fizjologii.

Wszystkie pisma lekarskie, dzieła, rosprawy, monografije, itd., w języku polskim wydane, a tyczące się przedmiotów powyższych, winny być nadsyłane pod adresem

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Analgesia of the Ulnar Nerve as a Sign of Tabes.—BIERNACKI has observed that most tabetics experience no pain from violent compression of the ulnar nerve, although the characteristic tingling sensation was felt in the fingers. Of twenty cases examined this analgesia was present in fourteen; in the fifteenth it was present on one side only; a sixteenth felt pain only when the nerve had been compressed four or five times. This patient also had slow pain perception in the lower limbs. The symptom should be attributed, according to the author, to the changes in the upper segment of the spinal cord, and not to the nerve itself. It is evidently characteristic of tabes, as it was not met with in cervical pachymeningitis, in four cases of muscular atrophy, in one case of syringomyelia, nor in hemiplegia, sclerosis in plaques, various forms of neuritis, paralysis agitans, epilepsy, and neurasthenia; it was observed on one side in several cases of hysterical hemianæsthesia. Pitres observed the symptom on the hemianæsthetic side in

this latter affection. The cases of tabes examined by Biernacki were all confirmed cases, each presenting several pathognomonic symptoms.—*Gazeta Lekarska*, No. 2, 1894.

Operation for Cataract.—JULIUS MUTERMILCH, in order to prevent the prolapse of the iris after operation for cataract without iridectomy, used atropine in the eye for several days before operation, on the theory that this drug augments the elasticity of the iris. He used a 2-per-cent. solution several times daily, and also half a minute before operation. He arrives at the following conclusions: (1) that it is possible to manipulate the eye with an enlarged pupil; (2) that after extraction of the lens the pupil contracts considerably; (3) that atropine is the best agent for causing contraction of the pupil after operation, keeping the iris in position and preventing prolapse; (4) that the larger the pupil before operation, the greater will be the tendency of the iris to keep its normal position after operation. —*Gazeta Lekarska*, No. 36, 1893.

A Case of Hysterical Œdema.—W. GAJKIEWICZ describes a case in which, besides other characteristic symptoms of hysteria, œdema of the right arm was observed during a long period, the increase in size of the member being from two to four centimetres. The arm was hard and painless, the skin pale and not unlike that of the other arm. The temperature on the affected side was 33° C. (91.4° F.) and on the other 35° C. (95° F.). Perspiration took place much more freely on the œdematous side. Pricking did not cause any pain, but in the spots pricked a factitious urticaria appeared. The right thigh was also larger than the left. The author observed in this patient a symptom little observed, to which he desires to call attention, namely, a bad taste and bitterness in the mouth.—*Gazeta Lekarska*, No. 39, 1893.

Hysteria with Symptoms of Akinesia Algera.—A. SZPANBOK reports the case of a boy 12 years old, in whom, besides the hysterical symptoms, free movements were limited on account of pain in the muscles, without any evident cause. He regards the case as one of akinesia algera, described by Möbius in 1891, which he considers to be not a new form of disease, but a variety of hysteria.—*Medycyna*, No. 35, 1893.

Anæsthesia of the Retina.—The disease known under the name of anæsthesia of the retina, frequently observed in nervous persons, is characterized by a temporary weakening and contraction of the field of vision, following upon use of the eye. It is regarded by some authorities as a purely local process, by others as central in origin. According to GRANIER, the anatomical cause is spastic contraction of the vessels in the occipital lobe. He reports three cases, the first a woman of 46 years, with weakness of vision and diminution of the field, but with a normal picture of the interior of the eye. Complete recovery followed four *séances* of faradization upon the temporal region. In the second case hypnotic suggestion caused a cure. In the third case dietetic treatment alone caused the disappearance of the disease. As the affection is only a temporary one, it is to be presumed that the psychical treatment adopted by the author only acted by causing a speedier disappearance of the trouble.—*Vratsch*, No. 39, 1893.

Clinical Notes.

Accentuation of the Pulmonary Sound in Perityphlitis.—Dr. Julius Mannaberg, of Vienna, states that, of 88 cases of perityphlitis observed from 1882 to 1892 in the wards of Professor Nothnagel, he was struck by the fact that the pulmonary second sound was accentuated, though no explanation of the symptom was given. Since then 13 cases have come under observation in the same wards, and in 4 of these the sound was markedly accentuated; in 7 it was distinctly louder than the aortic sound; in the 2 remaining cases both second sounds were loud, and in 1 of these the pulmonary sound was reduplicated. From careful observation he is convinced that in cases of perityphlitis accentuation of the pulmonary second sound is a very frequent symptom, though he is unable to account for it. It is well known that Skoda first recognized pulmonary accentuation in mitral disease, and that it is an indication of high pressure in those affections in which there is increased resistance to the work of the right ventricle. Interference with the pulmonary circulation, due to elevation of the diaphragm through increased volume of the abdominal contents, as in meteorism, ascites, and the like, is also a matter of common experience; and in this way also pulmonary accentuation may be produced. Dr. Mannaberg believes that the rise of blood-pressure after a meal is at least in part due to the same cause, and not, as Potain maintains (*De la dilatation du cœur; la Médecine moderne*, November 26, 1892), to a reflex contraction of the lung-capillaries, resulting from digestion. In the 10 positive cases recently observed by the author there was no distension of the abdomen, and consequently no undue pressure on the diaphragm; indeed, marked meteorism is rare in uncomplicated cases of perityphlitis. There was no dyspnœa, and the other symptoms, such as pain and pyrexia, would not account for the accentuation, which lasted after the acute stage, and was present even when the patient was recovering. Further observation is necessary to determine whether the symptom is generally present in perityphlitis and other abdominal affections, and whether it is of any special value in diagnosis.—*Practitioner*, April, 1894.

Rare Case of Traumatic Cyst of the Stomach.—Dr. Ziegler describes a very interesting case of a man, aged 24 years, who was crushed between two cars on the railroad and injured in the abdomen. He became unconscious and was taken home, where he complained of severe abdominal pain, and suffered for twelve hours from hæmoptysis. The abdomen was sensitive, but there was no swelling. Micturition was painful and the urine bloody. The temperature was normal. Under the influence of local refrigeration and opium in large doses, the hæmaturia and hæmoptysis disappeared, the appetite returned, and the patient left his bed. At the end of three weeks the abdomen again became painful in the left upper portion, and a tumor the size of an apple, elastic and pulsatile, was felt beneath the false ribs. It increased in size until it reached the median line; vomiting, meteorism, constipation, and collapse caused the case to appear like one of intestinal

occlusion. Puncture gave exit to three-fourths of a litre (quart) of pus, and caused the disappearance of the pain. The tumor re-appeared, without fever, but the patient felt a sense of pressure which prevented him from eating and caused vomiting, although his appetite was good. He then entered hospital, and, as it was impossible to make an exact diagnosis, an exploratory laparotomy was performed, when a tumor was found, occupying the entire anterior wall of the stomach, extending to the pylorus; its upper portion was hidden under the diaphragm, and its limits could not be perceived. The epiploön and posterior wall of the stomach were normal. Puncture gave exit to 3 litres (quarts) of bloody fluid, and the sac was seen to be situated in the thick portion of the anterior wall of the stomach. The patient recovered without accident, and seven months later was well, though he still felt some abdominal pain on being chilled, and was obliged to eat with moderation. Ziegler attributes the formation of the cyst to detachment of the wall of the stomach by the injury.—*Münchener medicinische Wochenschrift*, No. 6, 1894.

New Method of Examining for Renal Calculus.—Dr. Charles P. Noble, of Philadelphia, describes a case in which he performed an operation enabling him to examine the kidney, the pelvis of the kidney, and about one inch of the ureter. He made the usual incision in the loin down to and through the peri-renal fat, exposing the lower end of the kidney. With the index finger the kidney was then separated from its connective-tissue attachments and gradually drawn down into and out through the wound, so that it was entirely outside. It was now a very simple matter to explore the kidney by thumb-and-finger pressure, and to make certain that it was in a normal condition. It was equally easy to examine the pelvis of the kidney and to determine that this contained no stone. Perhaps one inch of the ureter also was within reach. As nothing abnormal could be felt, the kidney was replaced within the abdomen and the incision sutured in the usual way—buried silkworm-gut sutures being placed in the muscular layer, and superficial silkworm-gut sutures in the skin. Dr. Noble recommends the adoption of this method whenever the symptoms point to the presence of stone, and are sufficiently serious to cause the patient to become an invalid. Upon theoretical grounds the procedure would not be applicable in cases of abscess of the kidney, as the latter would be fixed and not easily separated from its connective-tissue bed. Moreover, it would be enlarged, and there would be the risk of rupturing the pus-sac, perhaps into the peritoneal cavity.—*American Therapist*, March, 1894.

The Urine in Enteric Fever.—In a lengthy study of the urine in enteric fever, Oriou states: 1. The more elevated the temperature, the more active the oxidation, the fever masking a serious condition, or complicated by the so-called typhoid condition. 2. In the three clinical forms, benign, clinical, and grave, whether fatal or not, as well as in complications of the typhoid state, any increase of fever is followed by an increase—if not proportional, at least parallel—of oxidation. 3. Any deviation from this principle is readily explained by one of the numerous causes capable of modifying the

laws of organic exchange. 4. The typhoid state, far from owing its origin in every instance to retention in the organism of the déchets of combustion, often coincides with an abundant elimination of these products.—*Revue de Médecine*, January, 1894.

Primary Cancer of the Gall-Bladder.—J. Dallemagne has had occasion to make an autopsy in four cases of this rare disease, and histological examination leads him to believe that it generally takes its origin in the epithelium of the gall-bladder, that it is usually of the scirrhous type, and that its evolution seems in no way to affect the parenchyma of the liver, which seems to oppose a special resistance against the invasion of the neoplasm. It was but rarely that he encountered small metastatic nuclei or infectious nodules in the liver. The clinical diagnosis is difficult, as the tumor progresses without causing any cachexia, icterus, or other symptom which would call attention to the gall-bladder. It is particularly a disease of the feminine sex, and is frequently accompanied by calculi, though he believes, with Stiller, Cornil, and Ranvier, that the appearance of the latter is consecutive to the carcinomatous affection.—*La Clinique*, March 15, 1894.

An Extreme Case of Ascites.—C. C. Cotton, of Point Isabel, Ind., relates the case of a patient who died recently, a man of 51 years, who had suffered from ascites for three and one-half years. The following table will show the progress of the disease, and the increase from year to year in the frequency of tappings:—

Time.	Number Times Tapped.	Average Quantity of Fluid.	Total Quantity of Fluid.
6 months.	7	30 pounds.	210
1 year.	34	27 pounds.	918
1 year.	55	21 pounds.	1155
1 year.	71	18 pounds.	1278
$3\frac{1}{2}$ years.	157		3561

In addition to the extraordinary severity and duration of this case, what is possibly more remarkable is that the patient soon became familiar with the operation and could perform it himself, which he did with his own hands more than one hundred times.—*Medical World*, March, 1894.

Renal Hæmorrhage from an Unusual Source.—Dr. Collier reports the following case: A laborer, aged 36, shortly after lifting a heavy weight, was seized with pain in the right lumbar region and began to pass water of a dark-porter color. On examination there was very decided fullness and marked tenderness over the region of the right kidney. The urine contained a large amount of blood, varying considerably from time to time; under the microscope could be seen blood-corpuscles, large round and tailed cells, and squamous epithelium in great abundance. A fortnight from the onset there supervened total suppression of urine, vomiting, muscular twitchings, and great drowsiness; and forty-eight hours later the man died. It was ascertained that he had been under treatment four months previously for chronic rheumatism; no disease of the kidneys was then suspected. On post-mortem examination both kidneys were found much enlarged, and

their substance was almost entirely converted into closely-aggregated cysts. The right kidney was about the size of a cocoa-nut. A large hæmorrhage had taken place between the capsule and the kidney, dissecting off the capsule; and had burst into one of the cysts, which in turn had ruptured into the pelvis. The ureters and bladder were perfectly healthy.—*Birmingham Medical Review*, March, 1894.

Recent Suggestions in Therapeutics.

Chronic Rheumatism in Children.—Toward 6 P.M. (an hour before dinner) 6 drops of *tincture of colchicum*; continue for eight days, omit one week, then continue until recovery is complete. Complete treatment by tonics—*arsenic*, *hæmoglobin*, or *phosphates*—and suitable diet. (JULES SIMON, *Revue mens. des Maladies de l'enfance*, June, 1894.)

Compound Tincture of Coal-Tar.—*Coal-tar*, 1 part; *tincture of quillaia* (1 to 4, with 95-per-cent. alcohol), 6 parts; mix and shake frequently, allowing to digest for not less than eight days, preferably longer. Filter; add from 10 to 50 parts water. Use as a wash. Valuable in certain forms of eczema, psoriasis, pruritus, and other inflammatory skin diseases. Intended to replace similar proprietary preparations of coal-tar. (DUHRING, *American Journal of Medical Sciences*, May, 1894.)

Conjunctivitis.—Acute and subacute simple form. Remove probable cause; protect eyes with dark glasses or shade, but never apply poultice; evert lids, spraying affected areas with *boric-acid* or *common-salt* solution; apply *nitrate of silver* in usual manner once daily, if much secretion be present; if inflammation become subacute, substitute an astringent, as *alum*, *tannin*, and *glycerin*, with collyrium of *biborate of sodium*. Advise frequent washing of lids and surrounding areas with warm water and Castile soap. Give internal remedies as indicated, especially *quinine*. Associated local conditions should also receive attention. (DE SCHWEINITZ, *Therapeutic Gazette*, April, 1894.)

Diphtheria.—*Carbolized glycerin* (20 to 40 per cent.) applied to false membrane three times daily, once at night in moderate cases, oftener when indicated. Follow application by spraying mouth and pharynx with 1-to-1000 carbolic solution. During convalescence, 1-to-500 solution of *carbolic acid* as gargle; generate vapor by 40-per-cent. *carbolized alcohol* in 1 litre (quart) of water, placed over a fire. Suspend when urine shows signs of saturation of system by carbolic acid. Give internally: *Perchloride of iron*, 20 drops; *distilled water*, 125 grammes (4 fluidounces); *syrup of bitter orange-peel*, 25 grammes (6½ fluidrachms). Tablespoonful every two hours after each spray. (MARFAN, *Revue Inter. de Bibliog. Méd.*, April 28, 1894.)

Fomentations to neck of 2-per-cent. solution *carbolic acid* in *lead lotion*. Apply as early as possible. In serious cases also paint pharynx with

salicylic acid, 3 grammes (46 grains); *resorcin*, 2 grammes (31 grains); *glycerin*, 10 grammes (2½ drachms). Use two or three times daily. (Bianchini, *Gazzetta degli Ospitali*, March 20, 1894.)

Dyspepsia with Anorexia in Childhood.—Before meals, in a little water or gentian wine, 10 drops of following mixture: *tincture of nux vomica*, 1 to 2 grammes (15½ to 31 minims); *tinctures of cascarille, cannelle, gentian, calumbo*, and *rhubarb*, each 5 grammes (1¼ fluidrachms). Let the child eat what it chooses, and enjoin moderate exercise or change of air. (E. Périer, *L'Union Médicale*, May 1, 1894.)

Erysipelas.—*Pilocarpine* hypodermatically administered by Da Costa's method, viz., in dose sufficient to produce marked physiological effect, repeated in two hours, again in six hours, finally in two hours more,—*i.e.*, in two, eight, and ten hours from initial dose (usually $\frac{1}{6}$ grain—0.01 gramme). Success depends upon time elapsed from inception of first symptoms and first dose. In cases seen early convalescence sets in within twelve hours after first injection. (G. W. Barr, *Therapeutic Gazette*, May 15. 1894.)

Ethyl-Bromide Anæsthesia.—For short operations, requiring slight narosis: Cover face with flannel thoroughly saturated with *ethyl bromide*, keeping out air from mouth and nose. As soon as face becomes discolored, eyes congested, and muscles relaxed, operation should at once be performed. For lengthy operations: Cover face with flannel, framed in wire mask, saturated with 10 to 15 grammes (150 to 225 grains) of *ethyl bromide*. Repeat in twenty seconds, retaining forty or forty-five seconds until symptoms of suffocation appear and vessels of neck become swollen. Now administer chloroform in ordinary way. (Eloy, *Journal des Praticiens*, May 2, 1894.)

Gastro-enteric Rheumatism. (Rheumatic Dyspepsia).—Whenever stomach is empty, ½ to 1 ounce (16 to 31 grammes) of *olive-oil*. If constipation be obstinate, laxative to stimulate excretion of bile: ℞ *Podophyllin*, $\frac{1}{10}$ grain (0.006 gramme); *fel. bovin., euonymin., ext. hyoscyam.*, each 1 grain (0.065 gramme). Sig.: Pil. tal. t. i. d. capiat. The chronic character of disease renders necessary a resort to alteratives in many instances. Small doses of *mercury* (*hydrarg. biniodid.*, $\frac{1}{100}$ grain—0.00065 gramme) three times a day; *potassium iodide* with *colchicum*,—℞ *Pot. iodid.*, 1 ounce (30 grammes); *vin. colchici sem., aq. cinnam.*, each 1 fluidounce (30 grammes). Sig.: Gtt. x t. i. d. capiat,—together with tonic doses of *quinine* or of *elixir calisayæ*, administered for many successive months. Sometimes a course of *nitric acid*, or *ammoniated tincture of guaiac*, is beneficial. Occasional mercurial purges, flushing of colon with hot water, is of value; also warm baths. Diet must be regulated. (Lyman, *American Journal of Medical Sciences*, June, 1894.)

Gastro-intestinal Dyspepsia in the Newborn.—Disinfect digestive tube with *calomel*, 0.05 gramme ($\frac{7}{8}$ grain) in three doses, one hour apart; *benzonaphthol*, 1 gramme (15½ grains) daily, divided in doses of 0.10 gramme

Gastro-intestinal Dyspepsia in the Newborn (*continued*).

(1¾ grains), given in milk; injections of lukewarm *boric acid*, 4 to 100; quarter of an hour before each repast, teaspoonful of following mixture: *Pepsin*, 0.50 gramme (7¾ grains); *hydrochloric acid*, 5 drops; *jalep gommeux*, 60 grammes (2 ounces). (Damourette, *Thèse de Paris*, 1894.)

Hiccough.—Tobacco, in powder, taken as snuff until sneezing occurs. Immediate relief. (Tatevossow, *Journal des Praticiens*, May 5, 1894.)

Migraine.—*Fluid extract of ergot*, 1 drachm (4 grammes); *elixir of cinchona*, 1 drachm (4 grammes), in water, as soon as premonitory symptoms appear, patient lying down. Repeat dose in one hour if headache persist, and a third time if necessary. May be given per rectum if not retained by stomach. (Thomson, *Journal of Nervous and Mental Disease*, February, 1894.

Puerperal Eclampsia.—Abundant blood-letting,—300 or 400 grammes (9½ to 13 ounces); if not effectual, injections containing 1 drop of *croton-oil*, several days in succession, with inhalations of *chloroform*. (Tarnier, *La Presse Médicale*, March 10, 1894.)

Scrofula.—Decoction of *walnut-leaves*, as local wash or bath; also internally as tea, morning and night, half a cupful for children, proportionate quantity for adults. (Rodionoff, *Meditzinskoie Obozrenie*, No. 2, 1894.)

Senile Endometritis.—If confined to cervix, astringent douches; if high up, *iodoform* freely applied to interior of uterus; if displacements or stricture of cervix be present (frequently the case), correction of displacement, gradual dilatation and drainage of stricture. Rapid dilatation contra-indicated, owing to fact that in age the uterus is easily torn. (Skene, *American Journal of Obstetrics*, April, 1894.)

Solid Culture Media.—Shake a hen's egg energetically, rupturing the vitelline membranes and mixing thoroughly the white and yelk. Heat for three-quarters of an hour in water at 80° C. (176° F.). Remove the shell carefully, and cut the yellow, opaque mass in slices. Pneumococci and tubercle bacilli cannot be cultivated on this medium, which answers for most other micro-organisms. (Wesener, *Cent. f. Allg. Pathologie u. path. Anatomie*, No. 2, 1894.)

Break up white of a hen's egg with egg-beater until it loses its consistency. Add 40 per cent. of water; mix well; pass through muslin to remove any shreds of insoluble material, or stand over night in a cylinder to let these settle. Add 0.1 per cent. caustic soda; solidify in autoclave. (J. Lorrain Smith, *British Medical Journal*, June 2, 1894.)

Stomatitis Ulcerosa.—Patient to gargle mouth before breakfast with solution of *chlorate* or *permanganate of potassium*, repeating gargle after breakfast. *Iodoform*, *boracic*, or *salicylic gauze* compress inserted between cheek and gums on diseased side, from last molars to middle incisors, retaining same until dinner, when whole process is repeated, and again

after evening meal. Lesions rapidly disappear, without adhesions between cheek and gum. (Orakhovatz, *Provincial Medical Journal*, June 1, 1894.)

Surgical Tuberculosis.—*Metallic iodide*, 0.20 to 1.00 gramme (3 to 15½ grains); *iodide of potassium*, 2 grammes (31 grains); *distilled water*, 20 grammes (5 fluidrachms). Inject daily a Pravaz syringeful of this fluid, beginning with a solution containing 1 per cent. of *metallic iodide*, increasing gradually, according to age, to 5 per cent. To obtain best results, continue five or six months. Of value in tuberculous adenitis, articular and pulmonary tuberculosis, renal and urethral tuberculosis. (Durante, *La Semaine Médicale*, May 26, 1894.)

Syphilis.—Method used by author with best results, revival of plan recommended by Scarenzio, of Pavia, in 1864: Injection into buttock or deltoid region of *calomel solution in petrolein*, 0.10 gramme (1¾ grains) of the salt dissolved in 1.00 cubic centimetre (15½ minims) of petrolein being used for each injection. Strength of dose may be diminished according to age, strength, and weight of patient. Injections once in two weeks for two months, then once in twenty, twenty-five, or thirty days. Before beginning treatment, kidneys and gums should be examined. (Jullien, *Tribune Médicale*, May 31, 1894.)

Tuberculous Cystitis.—*Lactate of cocaine*, 2 grammes (31 grains); *lactic acid*, *distilled or boiled water*, each 10 grammes (2½ fluidrachms). Apply to diseased points, with special sound, 1 gramme (15½ grains) of mixture every three or four days, previously emptying and washing out bladder. (Wittsack, *Journal de Méd. de Paris*, June 3, 1894.)

Typhoid Fever.—To begin, 3 grains (0.2 gramme) of *calomel* at bed time, repeating dose twice at few days' intervals. Following mixture: ℞ *Acid. carbol. pur.*, ♏xxxvj (2.33 grammes); *spt. chloroformi*, ℥ij (6 grammes); *tr. cardamom. co.*, ℥iij (10 grammes); *syrup. hemidesmi*, ℥ij (6 grammes); *aquæ chloroformi*, ad ℥xij (373 grammes). M. et ft. mistura. Sig.: The carbolic mixture, 1 ounce (30 grammes) with an equal quantity of iced water, every two hours as directed. Five doses of the mixture to be given every second hour on the first day; seven doses on the second day; ten doses on the third and following days, until distinct improvement is observed in the general condition of patient, with fall of temperature. Doses then to be gradually reduced to seven, five, and three in the twenty-four hours, until medicine is finally abandoned. (Surg.-Lieut.-Col. R. H. Quill, *British Medical Journal*, April 28, 1894.)

Lactophenin, ½ to 1 gramme (7¾ to 15½ grains) doses in starch capsules, up to 6 grammes (1½ drachms) daily, if necessary, according to indications. (Von Jaksch, *Cent. für innere Medicin*, No. 11, 1894.)

Give patient from 5 to 6 litres (quarts) of water to drink daily during entire febrile period. No contra-indication to this treatment. Causes progressive lowering of temperature, disappearance of dryness of tongue

Typhoid Fever (*continued*).

and mouth, and nervous, circulatory, and renal phenomena. By formation of large quantities of urea, eliminated by abundant diuresis and profuse perspiration, renal functions are soon re-established and albuminuria rapidly disappears. (MAILLART, *Revue de Médecine*, March, 1894.)

Whooping-Cough.—Intra pharyngeal daily applications of *bichloride of mercury*, 0.10 gramme (1¾ grains); *distilled water*, 100 grammes (3¼ ounces). Tampon of cotton soaked in this solution pressed against base of tongue so as to bathe epiglottis and surrounding mucous membrane; solution also applied to tonsils, uvula, and vault of palate. Applied twice daily if necessary. (RAUBITSCHEK, *La Semaine Médicale*, April 25, 1894.)

New Books Received.

The editor acknowledges, with thanks, the receipt of the following books:—

ATLAS DE LARYNGOLOGIE ET DE RHINOLOGIE. Par *MM.* les *Drs. A. Gouguenheim* et *J. Glover*. Paris. *G. Masson*, Editeur.

ESSENTIALS OF PRACTICE OF PHARMACY. Arranged in the Form of Questions and Answers. Prepared especially for Pharmaceutical Students. (Second edition, revised.) By *Lucius E. Sayre*, *Ph.G.*, Professor of Pharmacy and Materia Medica, of the School of Pharmacy of the University of Kansas. Philadelphia: W. B. Saunders, 1894.

URIC ACID AS A FACTOR IN THE CAUSATION OF DISEASE. A Contribution to the Pathology of High Arterial Tension, Headache, Epilepsy, etc. By *Alexander Haig*, *M.A.*, *M.D.Oxon.*, *F.R.C.P.*; Physician to the Metropolitan Hospital and the Royal Hospital for Children and Women; Late Casualty Physician to St. Bartholomew's Hospital. Second edition, with thirty-six illustrations. London: J. & A. Churchill, 1894.

ESSENTIALS OF NERVOUS DISEASES AND INSANITY; THEIR SYMPTOMS AND TREATMENT. A manual for Students and Practitioners. By *J. C. Shaw*, *M.D.*, Clinical Professor of Diseases of the Mind and Nervous System, Long Island College Hospital Medical School; Consulting Neurologist to St. Catharine's Hospital and Long Island College Hospital; formerly Medical Superintendent of King's County Insane Asylum. Second edition, revised. Forty-eight original illustrations. Philadelphia: W. B. Saunders, 1894.

TRAITEMENT DES RÉTRÉCISSEMENTS PAR L'ÉLECTROLYSE LINÉAIRE. Par le *Dr. J. A. Fort*, ancien interne des Hôpitaux; Professor libre d'Anatomie à l'Ecole pratique de la Faculté de Médecine de Paris. Paris. *G. Masson*, Editeur, 1894.

HYDATID DISEASE. Vol. ii. By the late *John Davies Thomas*, *M.D.Lond.*, *F.R.C.S.Eng.* Edited and arranged by *Alfred Austin Lendon*, *M.D.Lond.*; Lecturer on Forensic Medicine and on Clinical Medicine in the University of Adelaide; Physician to the Adelaide Hospital; Honorary Medical Officer Adelaide Children's Hospital. Sydney: L. Bruck. London: Bailliere, Tindall & Co., 1894.

Monographs Received.

The editor acknowledges, with thanks, the receipt of the following monographs:—

How to Avoid Contracting Tuberculosis (Consumption); How Persons Suffering from Tuberculosis Can Avoid Giving the Disease to Others. Tracts Nos. 1 and 2, by Pennsylvania Society for the Prevention of Tuberculosis. *E. Leslie Gilliams*, Secretary, 727 Walnut Street, Philadelphia. ——Apparent and Actual Mortality, by *F. D. Bullard*, Los Angeles.——Cholera: How Shall We Escape it, by *H. A. Arnold*, Ardmore, Pa.——The Treatment of Cholera by Hypodermoclysis and Enteroclysis, by *Judson Daland*, Philadelphia.——A Remarkable Respiration Record in Infantile Pneumonia. Acute Enlargement of the Thyroid Gland; Angio-Neurotic Œdema, by *William A. Edwards*, San Diego.——A Synopsis of Clinical Surgery during the Service of Samuel H. Pinkerton, Surgeon to the Holy Cross Hospital, by *Franklin A. Meacham*, Salt Lake City; for the year 1892.——The Profession of Medicine as Sketched from the Outside and from the Inside, by *S. W. Kelley*, Cleveland.——Tattooing and its Successful Removal, by *A. H. Ohmann-Dumesnil*, St. Louis.——The Class of Cases in which we May Expect Good Results from Excision of the Membrana Tympani and Ossicles, by *S. MacCuen Smith*, Philadelphia.——Report on Nasal Surgery, with Illustrated Cases, by *M. F. Coomes*, Louisville.——The Relation of the Patellar-Tendon Reflex to Some of the Ocular Reflexes found in General Paralysis of the Insane, by *Charles A. Oliver*, Philadelphia.——Brain Surgery, with Report of Nine Cases, by *F. C. Schaefer*, Chicago.——Clinical Contributions to Brain Surgery, by *John B. Roberts*, Philadelphia.——A Simple Device for Sterilizing in Private Houses, by *William Easterly Ashton*, Philadelphia.——Somatose, a New Nitrogenized Food-Product, by *Frank Woodbury*, Philadelphia.——Importance to the Surgeon of a Bacteriological Training, by *Hunter Robb*, Baltimore.——Maintenance of an Aseptic Technique in Gynæcological Operations Outside of Hospitals, by *Hunter Robb*, Baltimore.——A New Spigot-Attachment to Facilitate Asepsis, by *Hunter Robb*, Baltimore.——The Importance of Employing Anæsthesia in the Diagnosis of Intra-pelvic Gynæcological Conditions, Demonstrated by an Analysis of Two Hundred and Forty Cases, by *Hunter Robb*, Baltimore.——Annual Announcement and Catalogue of the College of Physicians and Surgeons in the City of New York, Session of 1893–94.——Annual Announcement and Catalogue of the Baltimore Medical College, Session of 1893–94.——Annual Announcement and Catalogue of the College of Physicians and Surgeons of Baltimore, Md., Session of 1893–94.——Annual Announcement and Catalogue of the Baltimore University School of Medicine, Session of 1893–94.——Annual Announcement and Catalogue of the Kentucky School of Medicine in the City of Louisville, Session of 1893–94.——Annual Announcement and Catalogue of the Western Pennsylvania Medical College in the City of Pittsburgh, Session of 1893–94.

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A postal-card, notifying the editor-in-chief, Dr. Sajous, at the above address, that a book or pamphlet has been sent as directed above, will insure the mention of title and author in the Journal.—In the case of *works placed on sale*, the contents of the title-page, including name of publisher and price, should be given. The appearance of the work will at once be announced, under the caption NEW BOOKS RECEIVED, to all Annual and Journal subscribers.—If a *review* of the work is desired, a duplicate copy should be sent to the editor-in-chief.

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VOLUME II.

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Surgery of Brain, Spinal Cord, and Nerves.	Chirurgie cerveau, moëlle épinière, nerfs.	Chir. d. Gehirns u. d. Nerven.	Prof. Pilcher, 115 Gates Ave., Brooklyn, U. S. A.
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Anatomy, Anomalies.	Anatomie, anomalies, monstres, etc.	Anatomie; Anomalien, etc.	Prof. Ag. Poirier, 7 rue de l'Ecole de Médecine, Paris, France.
Physiology and Biology.	Physiologie, biologie.	Physiologie, Biologie.	Prof. Howell, Harvard Medical School, Boston, U. S. A.

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} DR. C. E. SAJOUS,
28, rue de Madrid,
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The Universal Medical Journal for July.

A Glance at its Table of Contents.

Among the SELECTIONS FROM SOCIETY PROCEEDINGS may be found a New Method for Numbering the Leucocytes of the Blood; Cancer Treated with Methyl-blue; Hysterical Deafness; Guaiacol in Orchitis; the Larynx in Tuberculosis; Cold Compresses in Pulmonary Disease; Milk diet and Asepsis of the Alimentary Canal; an Abstract of Papers from the German Surgical Congress, including a Recent Method of Treating Surgical Tuberculosis, the Treatment of Coxitis, and German Statistics on Anæsthesia.

The Starting-point of Tuberculosis in Children is considered by the London Medical Society; and a New Method of Enterorrhaphy, advocated before the State Medical Society of Tennessee, is also reported. The International Medical Congress is also reviewed, some important points being brought out.

From Denmark, India, and Poland come valuable reviews of recent papers appearing in those countries.

Among the CLINICAL NOTES will be found several valuable points, as well as in the THERAPEUTIC SUGGESTIONS.

No reader can fail to be edified, and to find much in its pages to recompense him for his time and money.

The Editors of "The Journal of Laryngology, Rhinology, and Otology" have obtained, at considerable cost and labor, a complete Report of the Proceedings of the International Medical Congress at Rome in the Sections of Laryngology and Otology. This Report being too extensive to publish in one complete number, it has been determined to present the first portion of it in the May number of the Journal, and the other portions will follow in successive numbers. The Editors believe that no such complete Report will be found in any other Special or Medical Journal. To ordinary subscribers no increase in the price of the Journal will be made; to non-subscribers, each special number of the Journal will be charged 2s. 6d.

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A Contribution to the Study of Piperazin.

Dr. John Gordon, Professor of Materia Medica, University of Aberdeen, recently undertook a systematic study "to ascertain the solvent action of piperazin on uric acid," the expenses connected with the investigation being defrayed by the Scientific Grants Committee of the British Medical Association; Schering's Piperazin was employed, Prof. Alexander Ogston furnished the supplies of calculi, and the investigation was made in the pharmacological laboratory of Prof. John Theodore Cash, F.R.S. The full report is published in the *British Medical Journal*, June 16, 1894, and is an important and highly-interesting contribution, which will give the therapeutic adoption of Piperazin-Schering a decided stimulus.

Dr. Gordon concludes the report with the following succinct summary:—

Action of Piperazin on Artificial Uric Acid.

As the result of numerous experiments on artificial uric acid, and also on uric acid which was collected from urine which had been treated with hydrochloric acid, it was found that piperazin was capable of dissolving almost its own weight in urine after the phosphates had been removed; but when stronger solutions than 2.5 per cent. were employed, an insoluble precipitate formed.

Summary of Results.

1. Piperazin is not wholly oxidized in the body, and may be detected in the urine of those to whom it is exhibited. 2. Piperazin in solution of 1 per cent. in normal urine, when kept in contact at a temperature of 39° C. (body temperature) for a given time, has the property of dissolving to a great extent a fragment of uric-acid calculus. 3. That the stronger the solution of piperazin in urine (up to 7.5 per cent.), the earlier did the solvent action begin, and the more rapid was the completion. 4. That, notwithstanding this, with the stronger solutions of piperazin in urine, the rate of solubility was not so markedly rapid over the weaker solutions as might be expected. 5. *That the solvent action of piperazin in similar circumstances was greater than any other of the substances that were employed*,—viz., borax, lithium citrate, sodium carbonate, and potassium citrate. 6. That piperazin, in weak and strong solutions in urine, converted the undissolved portion of the calculus into a soft granular or pulpy condition. 7. That neither borax, lithium citrate, sodium carbonate, nor potassium citrate in similar circumstances rendered the fragment of calculus soft or pulpy.

The report is made up in part by comparative tables of experiments, and these, with the elucidating text, form a complete and conclusive argu-

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ment in favor of Piperazin-Schering as an invaluable therapeutic agent in uric-acid diathesis.

We have received a package containing recent reprints of papers which have appeared in various journals, by J. H. Kellogg, M.D., of the Battle Creek Sanitarium, Battle Creek, Mich. They are on the following subjects: The Influence of Dress in Producing the Physical Decadence of American Women. The Non-Surgical Treatment of Ovarian Diseases. Intestinal Stasis. Abdominal Section for Dropsy. A New Dynamometer for Use in Anthropometry. The Relation of Recent Bacteriological Studies to the Etiology of Typhoid Fever. Graphic Methods of Recording Diseased Conditions of the Lungs, and a New Form of Pneumograph. Experimental Inquiries Respecting the Physiological Effects of Alcohol. Shortening of the Round Ligaments *vs.* Ventral Fixation for Retroversion. A New Method of Operating for Hæmorrhoids. Important New Discoveries Relating to Digestion.

These reprints are *very interesting*, and it is *important* that they should be *read* by *all* physicians. Any or all of them will be mailed to any one mentioning this journal.

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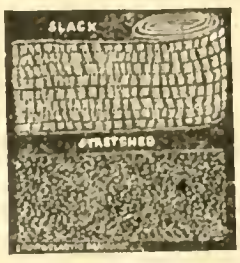

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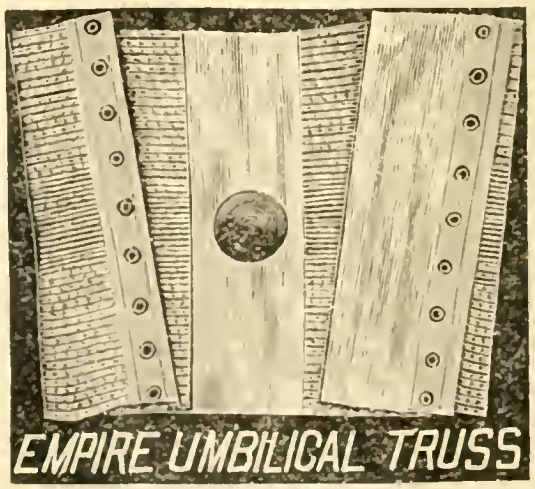

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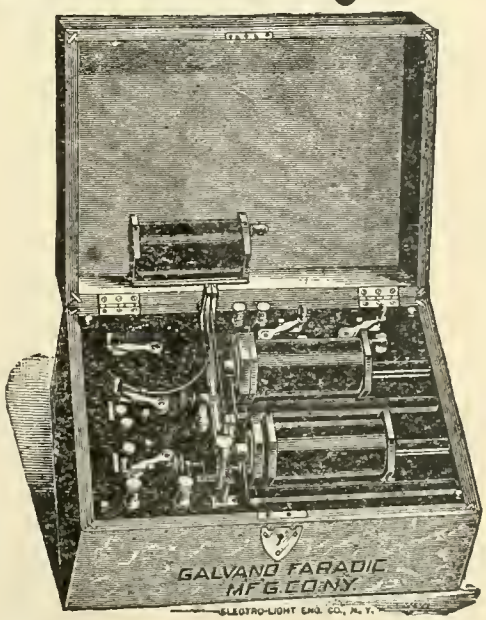

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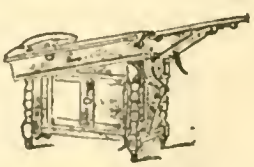

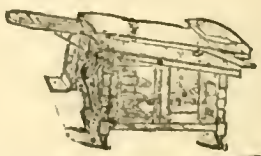

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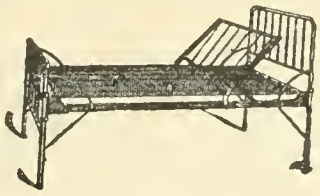

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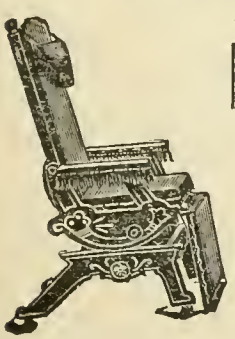

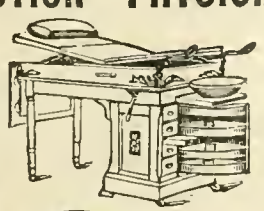

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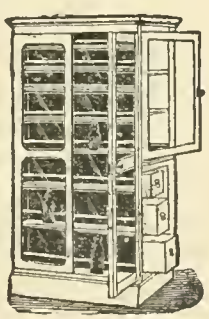

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Selections from Society Proceedings.

FRANCE.

Société Médicale des Hôpitaux.

Meeting of June 5, 1894.

Sterile Pus in Hepatic Abscess.—M. Rendu related the case of a woman, aged 51 years, who entered his service, February 10th, for an abdominal affection, the diagnosis of which was obscure. A month previously the patient, until then healthy, had experienced pain in the right iliac region, accompanied by vomiting, diarrhœa, and fever. When she entered hospital the vomiting and diarrhœa had ceased, but the fever persisted, with chills and considerable enlargement of the abdomen; the liver was enlarged and the entire perihepatic region painful. The lungs were also the seat of considerable congestion, and the general condition of the patient resembled that of a person suffering from typhoid fever. M. Rendu diagnosed the case as one of infectious enteritis with secondary congestion of the liver and lungs. At the end of several days there was much improvement in the abdominal symptoms, but the state of the lung became aggravated and signs of broncho-pneumonia soon appeared. The patient, however, lived for some time, and death followed from cachexia due to inanition.

At the autopsy a portion of the intestines was found agglutinated, and the vermiform appendix bathed in a small quantity of thick, greenish pus. The cæcum was the seat of numerous partly-cicatrized ulcers, while the liver was filled with small cavities varying in size from that of a hazel-nut to that of a walnut, and containing pus. This pus was found, on examination, to contain chains of cocci exactly resembling the streptococcus pyogenes. Other specimens of the pus were subjected to culture, some in agar,

some in bouillon. All remained sterile and could not be cultivated. Thus, a pus morphologically containing infectious microbes showed itself to be practically sterile, proving that we are not in a position to state positively that the pus of an old abscess, which does not contain micro-organisms at the moment of examination, did not primarily contain them. It is difficult to say why the microbes of hepatic suppuration may thus lose their virulence and become sterile; but it may be reasonably asked whether the liver, which in a healthy state serves as a filter for toxins, does not exert a salutary action also upon the pyæmic infarcts developing within its parenchyma.—*Semaine Médicale*, June 5, 1894.

Meeting of May 11, 1894.

Morphinomania Cured in Twenty-five Days.—M. Comby reported the case of a young woman, aged 22 years, who, since an attack of pelvic peritonitis that occurred in February, 1891, had contracted the habit of injecting subcutaneously 0.25 gramme (4 grains) of hydrochlorate of morphine per diem in twenty doses. When admitted, on April 5th of this year, into the Tenon Hospital, she had reached an extreme degree of cachexia, and she was covered with abscesses and the scars of such, due to the use of the hypodermatic needle. From the first day the daily dose of the drug was reduced from 0.50 ($7\frac{3}{4}$ grains) to 0.06 gramme (1 grain), given in three doses. She was given, at the same time, a mixture containing 0.10 gramme ($1\frac{3}{4}$ grains) of sparteine sulphate, 0.50 gramme ($7\frac{3}{4}$ grains) of caffeine, and 0.50 gramme ($7\frac{3}{4}$ grains) of sodium benzoate, the whole to be taken in twenty-four hours. This daily dose was continued up to May 1st, when the morphine was totally discontinued. At this date the condition of the patient had undergone a complete transformation, and the improvement has continued up to the present. M. Comby considers the case as cured.—*Lancet*, May 19, 1894.

Société Française de Laryngologie, d'Otologie, et de Rhinologie.

Congress of 1894, Paris, April 30 to May 2, 1894.

Primary Laryngeal Tuberculosis Acquired by Cohabitation.—M. Cadier, of Paris, reported several cases in which examination had demonstrated the fact that phthisis acquired by cohabitation begins oftenest in the upper portions of the larynx (the ventricular bands, the upper surface of the vocal cords, and the interarytenoid space). In the majority of cases the lesions remain for some time localized in the larynx, and may be diagnosed by an attentive laryngoscopical examination, while their progress may be arrested by topical applications and cauterization. It is indispensable, however, to begin treatment as soon as possible after the tuberculous inoculation has taken place.

Results of Castration upon the Female Voice.—M. Moure, of Bordeaux, called attention to the consequence of ablation of the testicles in man and the physiological relations existing between the genital organs and the larynx. He reported two cases of women who had submitted to ovarian castration, and who showed a marked lowering of the timbre of the voice, which at the same time became much stronger. He believed, how-

ever, that these changes were not constant, and that it was not easy to recognize them when they did occur, except in singers, and especially high sopranos. It is known that after a certain age the removal of ovaries or testicles has no effect upon the larynx.—*Semaine Médicale*, May 12, 1894.

Intubation of the Larynx.—Dr. Bonain, of Brest, described the instruments invented by O'Dwyer, and insisted upon the importance of possessing these tubes, which he regarded as faultless. He had used them in 23 cases of croup, 21 following diphtheria of the pharynx, and 2 without apparent diphtheria, in which the diagnosis was confirmed by bacteriological examination of the false membrane. In one of the latter cases, a child of 11 months, recovery ensued when the tube had been in the larynx eleven days. There were 7 cases of recovery in children from 20 months to 10 years. According to M. Bonain, intubation presents the following advantages: 1. The simplicity of the operation, its rapidity and the fact that it is readily accepted by the parents, requiring no special assistance, and that it can be done in any surroundings. 2. The expulsive force of the cough, considerable when O'Dwyer's tube is used, which insures better drainage of the trachea and bronchi. 3. The rarity of pulmonary complications. 4. The bloodless character of the operation, preventing enfeeblement of the patient, especially the very young. 5. The fact that the patient can express his needs and wishes in a low voice. 6. The simplicity of the after-treatment, consisting only of alimentation and watching of the patient. 7. The rapid convalescence, without cicatrice of the neck. 8. The fact that the child is not obliged, as is sometimes the case after tracheotomy, to wear a cannula for some time,—a permanent danger to the lungs.

Outside of diphtheria, intubation may generally replace tracheotomy in acute or chronic stenosis of the larynx, due to tertiary syphilis or tuberculosis, in subglottic laryngitis, and in burns and fractures of the larynx.—*Médecine Moderne*, May 5, 1894.

Treatment of Epistaxis.—Dr. C. Miot, in discussing this subject, stated that positive interstitial electrolysis should be the method of choice when extensive epistaxis occurred from erectile or varicose tissue. It was also of value in the treatment of more limited hæmorrhagic areas. Electrodes of copper or silver were preferable. The intensity of the current should average from 16 to 20 milliampères, and the length of the *séance* from eight to ten minutes. Three or four applications were sufficient in exceptional cases, one or two in ordinary instances. Hæmostasis in this region is easily secured, although its vascular relations with the brain are important.—*Revue de Laryngologie*, June 1, 1894.

Académie de Médecine.

Meeting of May 29, 1894.

Epistaxis.—M. Verneuil divides epistaxis into three varieties: (1) juvenile; (2) hereditary; (3) hereditary hepatic. He believes that the effect is nearly always due in childhood to latent or unnoticed disease of the liver. In the adult the hæmophilic form is generally associated with arthritism,

and especially with the lesions of the liver caused by arthritic disease. M. Verneuil cited a number of cases in which this association was very plain. The practical bearing of this is important as regards treatment. Instead of tonics and milk diet, so often prescribed and so injurious to the liver, an alkaline and vegetable diet, with general and local douches, should be ordered. In several cases of his own this plan of treatment was very successful.

M. Panas also believed that nasal hæmorrhage in childhood was not spontaneous, that hepatic affections possibly played some rôle, but that there might also be other causes. He had seen cases due to dyspepsia with gastric dilatation, and also to obstinate constipation. In elderly subjects arterial lesions were the chief cause.—*Le Progrès Médical*, June 2, 1894.

Meeting of May 22, 1894.

Treatment of Cancer of the Face.—M. A. Darier related a series of cases of cancerous tumors of the face rapidly cured by daily applications of 1 to 20 methyl-blue. This medicament appears to have a specific action upon the disease, and if properly used may lead to cure without any other associated treatment; it is, however, much more efficacious and rapid in action if the affected area be first cauterized, either with chromic acid or with the galvano-cautery. In deep tumors it should be injected hypodermatically; and where a large surface has been destroyed by the growth, M. Darier recommends the use of skin-grafts between the fifteenth and twenty-first day.—*Semaine Médicale*, May 23, 1894.

Meeting of June 5, 1894.

New Method of Sterilizing Ligatures.—M. Périer called attention to a new procedure for sterilizing and preserving ligatures and sutures, invented by M. Répin. This author, from numerous experiments, found that alcoholic vapor exercises a microbicide action sufficiently strong to remove any kind of micro-organism from ligatures. The most resistant spores, such as the bacillus subtilis, anthrax, tetanus, and the septic vibrion, were killed in from thirty-five to forty-five minutes by anhydrous alcohol-vapor heated to 120° C. (248° F.). Catgut is thoroughly sterilized by this method without losing any of its properties. The author places the sterilized catgut in a culture bouillon and seals it in a glass tube, keeping it for several days in an oven. If sterilization has not been complete, microbes will have developed in the bouillon, and the culture will have become cloudy; if, on the other hand, the liquid remain clear, it is a material and certain proof that the contents of the tube are thoroughly aseptic.—*Semaine Médicale*, June 6, 1894.

UNITED STATES.

American Association of Genito-Urinary Surgeons.

Eighth Annual Meeting, Washington, D. C., May 29 to June 1, 1894.

Enlargement of the Prostate.—Dr. George Chismore, of San Francisco, read a paper on a "Modification of Bigelow's Operation for Stone

in the Bladder, Designed to Meet Cases in which the Prostate is Enlarged." He called attention to the difference in the conditions present in the cases complicated by prostatic enlargement, to the intolerance of such patients to prolonged operative procedures, and to trauma of the bladder. He advocated (1) local in preference to general anæsthesia; (2) short sittings; (3) removal of any remaining fragments after the patient has fully recovered from the effects of the previous operation, and as soon as such fragments can be detected with the vesical sound. His procedure is as follows: The bladder is emptied, and from 1 to 2 ounces (30 to 60 grammes) of a 4-per-cent. solution of cocaine hydrochlorate are injected. The lithotrite should be introduced as carefully as possible, and if spasm is present a short pause should be made rather than force the instrument in the face of this obstruction. As soon as the stone is found it should be crushed as rapidly as possible, but no prolonged search should be made for remaining fragments, as this adds very considerably to the gravity of the operation. Any evacuator may be employed, but Dr. Chismore employs a very simple one devised by himself. Usually there are no after-symptoms, and the patient feels relieved at once. Occasionally there is some swelling of the deep urethra. If any fragments are left, the old symptoms gradually return. The operation of crushing these fragments may be done without anæsthesia. Dr. Chismore still employs Bigelow's instrument in cases of hard calculi, as his instrument does not possess the strength requisite for crushing such stones. He maintained that in all cases of vesical calculus, complicated by enlargement of the prostate, the operation described offers every prospect of success, and that any stone which could be removed by perineal lithotomy may be crushed with less suffering and with greater success by this method.

Dr. J. William White called attention to the gravity attending the use of a general anæsthetic in many of these cases, the effect of which was to cause congestion or actual inflammation of the already-crippled kidneys. When the integrity of the kidneys is open to question, he thought the method described would occupy an important place.

Dr. Francis Watson, of Boston, was inclined to consider the method a retrogression. The higher mortality of lithotrity over litholapaxy is due to the retention of the crushed fragments, and he was unable to see how the same injurious effect could fail to follow Dr. Chismore's method if some fragments were removed. He was, however, most favorably impressed with the statistics given, and theoretical objections must be withdrawn when such a good showing can be made. Dr. Watson advocated, in the class of cases alluded to, the method so strongly indorsed by Reginald Harrison, of performing perineal cystotomy and crushing and evacuating by this route.

Dr. William K. Otis, of New York, favored supra-pubic lithotomy in cases of stone in the bladder, in the presence of considerable enlargement of the prostate gland, as this operation gives an opportunity to inspect the bladder and provides for drainage. In many cases, however, he thought Dr. Chismore's method would be very suitable.

Dr. John P. Bryson said he employed the cystoscope with advantage in

gaining definite information of the exact intra-vesical conditions present. Local anæsthesia is coming more and more into use, and in many instances is exceedingly satisfactory, while general anæsthetics are in many cases dangerous. Most fatal cases are due to traumatism of the prostatic urethra.

Dr. James Bell preferred the supra-pubic operation for stone in prostatic cases. He was struck by the large amount of cocaine employed by Dr. Chismore, and that, as stated by the latter, no symptoms causing anxiety had appeared.

Some Infrequent Symptoms of Disease of the Urinary Tract.—Dr. Alexander W. Stein, of New York, referred to cases of membranous casts from the bladder and urethra. The cause usually given is retention of urine. Of 50 reported cases, 45 were in women and 5 in men. The causes of retention in the females were either a retroverted uterus or pressure of the child's head during prolonged parturition. The prognosis is usually good; of 45 cases, but 9 terminated fatally. The case was reported of a man, 26 years old, who had frequent attacks of renal colic on the left side, and who on one occasion had retention for twenty-four hours; finally he passed a stone *per urethram* with relief of the retention. The attacks of renal colic continued. Later, he was subjected to litholapaxy for stone in the bladder. Still later, he began to pass "fleshy" masses of large size. The urine was loaded with pus and was offensive. Improvement followed antiseptic irrigations of the bladder. The patient was lost to observation, and it was reported that he afterward died. The cause of death could not be learned, but, as the termination was preceded by stupor, it was possibly uræmia.—*Medical News*, June 2, 1894.

American Gynæcological Society.

Nineteenth Annual Meeting, Washington, D. C., May 29 to 31, 1894.

Treatment of Face Presentations.—Dr. Reynolds, of Boston, made the following summary: When a face presentation is detected before the engagement of the face and before rupture of the membranes, there is always hope for a spontaneous restoration of flexion. Therefore adopt postural treatment and gentle external manipulations. When the membranes rupture early, an external or bipolar version should be performed at once in any case in which the condition of the cervix renders manual dilatation dangerous; but in ordinary conditions manual dilatation should be undertaken, the head flexed by the hand, and subsequently the appropriate operation should be performed. When the membranes persist until the cervix is completely dilated, an anterior position of chin should be left to nature so long as its progress is rapid and the fœtal heart is steady; otherwise the patient should be anæsthetized and the head flexed. The posterior position of the occiput so produced should not be left to nature, but should be either treated by version or, preferably, rotated to the front. It may then be left to nature or treated by forceps. Posterior positions of the chin should never be left to nature, but be subject to immediate manual flexation. The anterior position of the vertex which then results may

either be left to nature or be delivered by forceps. In neglected cases, in which manual flexation is contra-indicated, version should be chosen if practicable; if contra-indicated, apply forceps to face, but chin should first be front. In cases in which the face presentation is due to some other mechanical obstruction the treatment should be determined by the latter factor. The abdominal methods of delivery are never indicated in uncomplicated face labor.

Dr. Charles Jewett, of Brooklyn, assumed, in his treatment, (1) that the mechanism of face-birth is abnormal, and may of itself constitute a serious complication of labor; (2) that presentation by the face is more frequently associated with other complicating conditions than are vertex births,—*e.g.*, small pelvis, large child, prolapse of small parts. The mechanism tends to dystocia; complete adaptation of the head to the pelvis is impossible in mento-posterior positions. More important is the difficulty of rotation. Yet in wholly uncomplicated cases of face presentation spontaneous birth is the rule, although the labor is somewhat longer. The mortality of the children is greater. The graver difficulties of face-birth arise chiefly from its complications,—disproportion between head and pelvis, prolapse of fœtal members, or failure of pains,—anomalies which are much more frequent in face than in vertex presentations.

In treatment, cases may be divided into two classes: (1) those in which the head is movable at the brim or can be made so by pushing it up; (2) those in which the head is permanently engaged. In the first, if the chin were anterior and pains failed, one should apply forceps. If the head were large, cord or arm prolapsed, version would, as a rule, best serve the interests of the child. As in the former, if the chin were posterior, spontaneous birth was generally possible if other conditions were favorable. He preferred, however, to reduce this presentation to a simpler one, the first choice being, as a rule, to bring down the occiput. Conversion of face to vertex presentation might be tried, after the face had sunk some distance into the pelvic cavity, by postural methods. For either correction after engagement or for forceps extraction, Walcher's position might lend important help.

Dr. C. P. Noble, of Philadelphia, said that, while he was in accord with the readers of the papers, he wished to suggest the propriety of resorting to symphysiotomy in cases of face presentation, head engaged, waters broken.

Dr. Edward P. Davis, of Philadelphia, said that statistics showed the best results to mother and child in spontaneous delivery in face presentations. Methods best adapted to secure this result must be based upon early diagnosis; hence the importance of perfecting the knowledge and practice of palpation. The treatment best adapted to secure spontaneous labor consisted in retaining the membranes unbroken until the time of spontaneous rupture, sustaining the patient's strength, and placing her in posture to favor rotation of the chin anteriorly. With face looking to left side, the mother should lie upon the left side, thighs flexed. As soon as dilatation is complete, the obstetrician should choose between radical interference by version or an effort by the methods of Baudelocque and Schatz to correct

the face presentation by converting it into an occipital one. The choice should depend upon the size of head, pelvis, and condition of pelvic floor. Dr. Davis remarked that obstetricians were familiar with the facility with which faulty presentations could be remedied under complete anæsthesia and with a roomy pelvis in the oblique diameters, and suggested that it might be well to secure these conditions, if absent, by symphysiotomy.

Dr. Fry spoke of the necessity for several assistants in order to place the anæsthetized patient in the genu-pectoral position, and recommended Trendelenberg's over a reversed chair.

Dr. Lusk related a case brought to the maternity after the attending physician had injured the uterus, bladder, vagina, and rectum by trying to deliver by forceps. He then performed symphysiotomy and extracted the child with ease, although, of course, the mother, being already moribund, died.—*Medical Record*, June 9, 1894.

American Otological Society.

Twenty-seventh Annual Meeting, Washington, D. C., May 29, 1894.

Brain-Abscess.—Dr. Herman Knapp, of New York, presented a report of a case of otitic brain-abscess, opening of mastoid, tympanum, and skull, evacuation of abscess, hernia cerebri, evacuation of another abscess, and recovery. The patient was 9 years of age, and had suppuration of the ear following scarlatina. She presented the oral and general symptoms of confined pus; choked disc in both eyes, more marked in left eye, moderate in right. A diagnosis of intra-cranial abscess was made. She had well-marked homonymous right-sided hemianopsia. An ice-bag was applied, with cleansing with boracic acid, when the swelling of the right optic disc diminished; no other change. Prognosis perhaps fatal, and treatment by operation was advised. Two weeks later the right optic disc was normal, left much less choked. The memory, which had before been feeble, was now good; pulse, 120; temperature, 100.2° F. (38.9° C.); no swelling over the mastoid, large perforation in the membrana tympani; no dead bone was felt; the tip of the mastoid was tender; Macewen's symptom was present. The operation was performed the following day, Dr. M. A. Starr being present. Parts shaved and cleansed. The mastoid was of compact texture and normal. The lateral sinus was brought into view, blue and pulsating. Schwartze's modification of Stäcke's operation was followed, and when the chisel had opened into both antrum and attic pus suddenly ceased to flow from the canal. The skin incision was enlarged, skull trephined, and healthy dura incised. An hypodermatic needle passed into the brain-substance brought pus, which was evacuated through an incision made down to the abcess along the needle; the wound was cleansed with 1-to-5000 solution of bichloride, drainage-tube inserted, and dressed with absorbent cotton and roller-bandage. A hernia cerebri resulted, attaining the size of a goose-egg. No improvement resulting, a second abscess was discovered in the hernia and evacuated, when improvement immediately took place; the hernia disappeared by retraction, and the patient was discharged well three months after.

Dr. B. Alexander Randall spoke of a specimen in a case where, in spite of an existing meningitis, he was enabled to suspect cranial abscess, mainly on account of the behavior of the pulse. On post-mortem examination the whole base of the brain was found covered with thick pus, in which were three abscesses,—one on either side of the medulla and the third in the cerebellum.

In answer to a question by Dr. Lucien Howe, as to what symptom made Dr. Knapp believe the child was growing worse, Dr. Knapp stated that the principal one was the behavior of the discs. In brain-tumor the discs are choked equally on both sides; in abscess, more on the affected side.

Dr. W. B. Johnson, of Paterson, N. J., spoke of a case which he had seen in its last stage. The purulent discharge seemed to have come from the lateral sinus to the neck, where there was a large swelling and fluctuation. The autopsy showed a large quantity of very green, bad-smelling pus, mostly on the petrous portion of the temporal bone and along the base of the brain, and a point of perforation between the base and the petrous portion, where it had extended from the attic.—*Medical Record*, June 9, 1894.

American Pediatric Society.

Sixth Annual Meeting, Washington, D. C., May 29 to June 1, 1894.

Diphtheria following Tonsillotomy.—Dr. Augustus Caillé, of New York, reported a case of tonsillotomy followed by diphtheria and croup. The exudate or pseudomembrane spread rapidly from the fresh surfaces of the tonsils to the glottis. After intubation and forced feeding he recovered rapidly. The cause seemed to be infection from the child's own mouth, perhaps from decayed teeth, as the instruments used had been carefully rendered aseptic. It is found that 8 per cent. of supposed healthy persons show diphtheria germs in the mouth. Therefore all cases should be thoroughly irrigated with germicides before operation.

Dr. Jacobi, of New York, insisted that operation during an epidemic of diphtheria often caused a spread of the epidemic. Scores of times he has seen the disease on resected tonsils, several of them fatal. Dr. Koplik states that the Klebs-Lœffler bacillus is often found harbored in the cleft of the apparently normal tonsil. The lacuna amygdalitis is often diphtheritic. A simple swab-culture is not conclusive; a sterilized scoop must be introduced into the crypts. While there undisturbed these germs are soon destroyed by the leucocytes and lose their virulence in the lymph and serum; but on a fresh, bloody surface, however, they flourish. The presence of an epidemic need be no hindrance to operation, if care be taken not to infect the individual case.

Dr. Dillon Brown, of New York, suggested calomel sublimations as a prophylactic, as irrigations are often impracticable.

Dr. Fruitnight, of New York, commented upon undoubted cases of diphtheria in which the bacilli are not found. He would have all children's throats disinfected, whether exposed or not to diphtheria.

Dr. Rotch mentioned the case of an infant, aged 10 months, which showed Klebs-Lœffler bacilli in the throat when a brother was ill of the same. The infant was at once removed and the throat irrigated, the disease being apparently cut off in its very beginning.—*Medical Record*, June 2, 1894.

American Surgical Association.

Fifteenth Annual Meeting, Washington, D. C., May 29 to June 1, 1894.

Surgical Treatment of Empyema.—Dr. John Ashhurst, Jr., of Philadelphia, summarized his views as follows: 1. No operation is justifiable unless the presence of pus is certain; unless thorough treatment by medicinal agents—blisters, etc.—has failed; or unless the symptoms—dyspnœa, etc.—are so urgent as to demand immediate relief. 2. The first operation should consist of simple aspiration, with antiseptic precautions. 3. When the fluid has partially re-accumulated, as it almost certainly will do, if purulent, incision and drainage should be practiced. 4. Drainage is best effected by making two openings, one at the lowest point, and carrying a large drainage-tube through the cavity from one opening to the other. 5. Drainage should be supplemented by washing out the cavity with mild antiseptic fluids; when the lung has expanded and the discharge has nearly ceased, the tube should be shortened, the upper opening being allowed to heal, and the tube then being gradually withdrawn through the lower opening. 6. When the lung is so bound down by adhesions that it cannot expand, resection of two or more ribs should be practiced (Estlander's operation, so called) in order to allow collapse of the chest-wall and to promote healing by bringing the costal and visceral layers of the pleura into contact. 7. The more extensive operations of Schede and Tillmans, while probably justifiable in exceptional cases, are not to be recommended for general employment.

Dr. Charles B. Nancrede, of Ann Arbor, did not see the advisability, in cases in which pus was shown to be present by aspiration, of limiting the treatment to this operation. He preferred to immediately provide for permanent evacuation of the pus. He called attention to the danger of the drainage-tube becoming occluded by the pressure of the ribs, and believed that in empyema of long standing some form of excision of the ribs should be employed. In irrigation, if the pus is not too much contaminated, sterilized water is sufficient; but if necessary an efficient antiseptic solution may be used, and if there is fear of absorption the chest may afterward be flushed with warm water.

Dr. T. F. Prewitt, of St. Louis, thought it advisable to aspirate even when serous fluid is present. In empyema in adults he invariably resects one and sometimes two ribs, washing out the cavity with a weak solution of mercuric chloride.

Dr. De Forrest Willard, of Philadelphia, favored aspiration in the early treatment, as it does no harm and saves several weeks' time. Washing, as a routine measure, did more harm than good.

Dr. Roswell Park, of Buffalo, believed that the treatment of empyema

should be based upon the same principles as are applicable to other abscesses. In certain cases he had scraped the diseased surface with a sharp spoon, and in others cauterized it with a 50-per-cent. solution of zinc chloride.

Dr. M. H. Richardson, of Boston, said that empyema differed from ordinary abscess in that the walls were rigid. In certain cases in which the cavity involves a large portion of the thorax, Schede's operation is the only one applicable after a failure of Estlander's operation.

Dr. Stephen F. Weeks, of Portland, Me., favored aspiration, especially in children. He called attention to drainage by packing the cavity with sterilized gauze, removing it in twenty-four hours, and washing out the cavity.

Dr. L. McLane Tiffany, of Baltimore, maintained that the treatment of acute empyema is of more importance than that of the chronic form, as it is the more common. The most important point, as bearing upon treatment and prognosis, is the character of the pus and its bacterial cause. The reason that the empyema of children often yields to aspiration is that, in many of these cases, the pus is simply a pure culture of the pneumonia-coccus. In the adult we rarely have the pneumonia-coccus form of suppuration. Here we have a mixed infection. If the empyema is of the amœbic form, the patient dies. If empyema is due to the streptococcus, the odor is offensive and the cavity needs to be carefully washed out. If empyema is due to the staphylococcus, washing out is not required. When there is time, Dr. Tiffany prefers to withdraw some of the fluid with the hypodermatic syringe and have it submitted to bacteriological examination. While he uses ether in general work, in these cases he prefers the use of a few whiffs of chloroform, which appears here to have a peculiarly happy effect. Only a very small quantity is employed. The employment of respiratory gymnastics is of much benefit in favoring expansion of the contracted lung.

Dr. James McFadden Gaston, of Atlanta, referred to the natural tendency for the empyemic cavity to open spontaneously in the anterior part of the chest. He reported two cases in which this spontaneous opening had occurred and was followed by recovery.

Hæmorrhage in Amputation of Upper Extremity.—Dr. W. W. Keen, of Philadelphia, read a paper on this subject, with especial reference to methods of controlling hæmorrhage. In simple amputation at the shoulder joint, in which the control of hæmorrhage is the key to the situation, he considered Wyeth's method, by pins and elastic tubing, as the most satisfactory, and felt confident that any one who adopted it would abandon all other methods in its favor, except possibly in emergency cases. In this method the arm is held at right angles to the body. The sharp-pointed cylindrical pins, eleven inches long and one-fourth of an inch in diameter, are used. The anterior pin is introduced through the middle of the anterior axillary fold at a point a little nearer the body than what may be called the centre of the fold transversely. The point of emergence is of much greater importance than the point of insertion; this should be one inch within the

tip of the acromion. The second pin is introduced at a corresponding point, through the posterior axillary fold, emerging an inch within the tip of the acromion. The point of emergence is of importance, for, if the pin emerge near or at the tip of the acromion, the moment the head of the humerus is removed the tubing is likely to slip downward and compress the two flaps against each other, thus hiding the cavity and permitting the vessels to retract. The pins being in position, a piece of rubber tubing is wound around the axilla and shoulder on the hither side of the pins. The disarticulation having been effected, the main vessels and all visible vessels are tied and the tubing removed, the spurting vessels being grasped with hæmostatic forceps.

In amputation at the shoulder-joint, in which the axilla is invaded so high that Wyeth's pins cannot be used, Dr. Keen has satisfactorily employed Delpech's method, making "an oblique incision extending from the external third of the clavicle to an inch above the inferior border of the great pectoral muscle. We thus discover and can cut near to its origin on the coracoid process of the scapula, the lesser pectoral. The index finger is carried through the cellular tissue, along the serratus magnus, then the subscapular, and it is used as a hook in order to draw outward the mass of vessels and nerves. The artery is found in the anterior portion of this mass." The artery and vein are then ligated. The advantages of this method are that it gives wide access to the axilla, that it can be determined with ease how far and how great is the invasion of the axilla, and, if thought advisable, the operation can be abandoned at this point; or if it is decided to proceed with the operation, the incision already made serves as the inner part of the deltoid incision. In cases in which it is necessary to remove the arm, the scapula, and the clavicle, Dr. Keen regards it as preferable to tie both the artery and vein after resection of the middle portion of the clavicle. The advantages of this method are that it prevents hæmorrhage from division of the axillary and its branches, it diminishes the amount of blood lost during the operation, it prevents the entrance of air into the veins, it permits of a large opening of the space between the upper extremity and the chest, and it enables us to divide the posterior attachments of the upper extremity, where the arterial circulation is still going on, at the end of the operation.

As a rule, recovery from this operation follows in from two to three weeks. The mortality in the more recent operations has been extremely low,—one in fourteen. Again, by this method we can often amputate wide of the disease, by reason of the relative smallness of the flaps required. In view of these facts it was urged that in all cases of malignant disease of the upper extremity of the humerus, or even of the lower extremity when it is already diffused, we should not content ourselves with mere amputation at the shoulder-joint, but should at the same time extirpate the scapula and the clavicle.

Dr. Keen reported the case of a young woman, aged 20 years, in which the arm, scapula, and clavicle were removed for myeloid sarcoma. The patient recovered, and was perfectly well six months after the operation.

Dr. Roswell Park, of Buffalo, said that he had in two cases successfully removed the entire upper extremity, in one for railroad injury, and in the other for extensive epitheliomatous ulcer. In the first case the clavicle was already broken, and the subclavian vessels were secured at the point of fracture. In the second case the clavicle was divided and the vessels tied.

Dr. Charles B. Porter, of Boston, in illustration of the rapidity with which malignant disease may advance, reported the case of a patient with sarcoma of the radius, whose arm was amputated above the elbow. The disease soon recurred, an amputation at the shoulder-joint was performed, and again the disease recurred, but so high up that no operation could be undertaken. The whole history of the case extended over only one year after the first operation. A case was also reported in which the arm had been torn off in a railroad accident and the scapula and outer portion of the clavicle had been subsequently removed by an osteoplastic resection, and the wound was closed with skin-grafts. Three months later a hard plate of bone had formed very similar in shape to the scapula.

Dr. John Ashhurst, Jr., of Philadelphia, said that he had once used the Wyeth pins satisfactorily in an amputation at the shoulder-joint. Another device to which he had resorted in several cases was to make the incision in the lower flap from without inward and secure the vessels in the wound. —*Boston Medical and Surgical Journal*, June 7, 1894.

Eleventh International Medical Congress.

Meeting in Rome, Italy, March 29 to April 5, 1894.

A Peculiar Form of Ulcerous Enteritis, with Perforation of the Ileum.—Professor Maragliano read a paper upon three cases of this kind, with identical clinical, anatomical, and bacteriological characteristics. Clinically, three periods could be distinguished in the evolution of the disease. The prodromal or premonitory, of varying length, sometimes very long, lasting from ten to twelve weeks, was characterized by coprostasis and abdominal pains, but without fever; so that patients could still continue their occupations. The second period, in which the enteritis declared itself, lasted five or six days, with acute abdominal pain, vomiting, tympanites, and sometimes constipation and fever. The third period was marked by symptoms of ileus with peritonitis from perforation, pinched features, fæcal vomiting, collapse, hypothermia, etc.

Anatomically there was intense congestion of the ileum, principally near the ileo-cæcal valve, with ecchymoses, submucous and subserous hæmorrhagic areas, and numerous ulcers, some perforating. At the same time the lesions of perforative peritonitis were present. The spleen was enlarged, the other organs normal. Bacteriological examination of the hæmorrhagic portions of the intestine showed three bacilli,—the bacillus brevis subtilis, an oval micrococcus, and another, sometimes a monococcus, sometimes a diplococcus. Experiments on animals showed the first-named alone to be virulent, their virulence being increased by the addition of the

third bacillus. The author thought it likely that both were varieties of the coli bacillus.—*Gazette Médicale de Liége*, April 28, 1894.

Syphilis, its Curability and Treatment.—Dr. Jullien, of Paris, maintained that in the treatment of syphilis he had found the best results from calomel and the bichloride of mercury, given by the mouth or hypodermatically. The method depended largely upon the peculiarities of the patient. Upon the whole, the subcutaneous method was an excellent one, but great care was necessary in its performance. Absolute asepsis should be rigidly adhered to. The toxic effect of calomel was not the same as observed in other forms of mercury. He regarded two and a half years as the usual course of the disease, although one could not speak with mathematical precision.

Dr. Schiff, in the management of the initial lesion, recommended its early excision. After the disease became established mercury was the only drug to be used as a curative agent, and three years was the average length of time necessary.

Dr. Touton did not agree that excision was in any sense a prophylactic measure. From two to four years constituted the usual time in which mercury, in his experience, was given, and he preferred the inunction to all other methods.

Dr. Grünfeld, of Vienna, thought, with the last speaker, that excision might not have any positive prophylactic influence; yet in these days of antiseptic surgery it was usually a simple measure, and he often resorted to it. He was positive it did no harm. The only advantage he had found in hypodermatic injections was that there was less liability to stomatitis.

Dr. Schwimmer had seen many cases pronounced cured by some of the members present which after ten years or more presented the disease in various forms. He referred to the disease attacking the nervous system, and thought it was more common than formerly. He preferred calomel by the mouth to any other method.

Dr. Ravogli used the bichloride solution as advised by Auspitz, hypodermatically, with good results. By this method the lesions disappeared more slowly than by any other means, but the cure was more permanent. He had also had good results from excision. He did not resort to it after induration had taken place.

Dr. Brada did not believe excision of any value.—*Journal of Cutaneous and Genito-Urinary Diseases*, May, 1894.

Uterine Drainage by Catgut.—Dr. Schmeltz, of Nice, maintained that a certain number of diseases of the uterus and its adnexa could be cured by catgut drainage, without having recourse to bloody operations. In 1883 Schwartz proposed drainage by spun-glass fibres and caoutchouc, but the former was hardly practicable, and the latter necessitated a previous dilatation of the os. The catgut drainage proposed by the author was, on the contrary, easy of application, not requiring dilatation of the uterus, and perfectly aseptic. The presence of the drain does not in the least interfere with the proper performance of the menstrual functions, and it seldom causes pain or inconvenience of any sort. The operator had employed this

method successfully in metritis, salpingitis, uterine deviation, amenorrhœa, and dysmenorrhœa. The only contra-indication is acute inflammation of the womb or its adnexa, and acute perimetritis. In such cases the presence of the drain might increase the existing inflammation.

Provisional Costotomy in Acute Pleuritic Exudations.—Dr. Z. Lamfirescu, of Jassy, Roumania, discussed temporary resection of the ribs, which he had first practiced in 1877, and which is performed in the following manner: The patient lies in a semi-reclining position, resting on the side opposite to that on which the operation is to be performed. The anæsthetic is pushed only to the stage of analgesia, and for this purpose ether is employed preferably. The ribs are counted from below upward, and in the space between the sixth and seventh ribs a line is marked by the dermographic pencil, and crossed by a perpendicular line at a point indicated by the operator; from this last the distance in front and behind to which it is desired to resect the rib is measured off and marked by other vertical lines. An incision is made along the intercostal line between the two extremities previously marked, down to the internal intercostal muscles, and then the skin only is incised along these two boundary lines to a point just above the upper edge of the rib which is to be excised. The costotome is inserted at the point marked by one of the vertical lines, one blade on each side of the rib, pushed down until the points have penetrated the pleura, and the rib and soft parts, including the pleura, cut through. The operation is repeated on the opposite vertical line. In this way a flap embracing the pleura, bone, and superimposed soft parts is made and thrown back. The artery must be ligated or twisted. The suppurating cavity is now washed out by means of antiseptic irrigations made through a fenestrated rubber drainage-tube, curved on itself so as to permit of a double current. The whole side of the thorax is then enveloped in a thick layer of carbolized wadding retained by a roller bandage. After the operation the temperature is taken regularly, and if it rise the dressing is removed and the cavity washed out through the drainage-tube until the liquid flows clear. The dressing is then re-applied. The number of irrigations depends upon the temperature, and when the latter has been normal for ten or fifteen days the wound may be closed, the extremities of the resected rib being freshened and sutured by silk, strengthened, if necessary, by silver wire. The soft parts are sutured with silk or catgut. A drainage-tube of very small calibre is left in the wound for a few days; and when it is found that the pleura secretes no more the opening is definitely closed. After the osseous suture has been made, that side of the thorax is strapped with long strips of adhesive plaster. The orifice of the drainage-tube is covered with carbolized or iodoformed cotton, and the whole retained in position by a body bandage. The dressing is removed after a certain period of time,—the length of which depends upon the circumstances in each individual case,—but never under forty days.—*Medical Record*, May 5, 1894.

Selections from Reports of Members of the Annual's Editorial Staff.

Poland.

DR. J. DRZEWIECKI,

Redaktor Korespondent z działu polskiej literatury tyczącej się: Medycyny ogólnej i lecznictwa; pediatryi; akuszerzyi; ginekologii; laryngologii; otologii; hygieny; demografii; medycyny sądowej; histologii; patologii; bakteryjologii; anatomii; fizjologii.

Wszystkie pisma lekarskie, dzieła, rosprawy, monografije, itd., w języku polskim wydane, a tyczące się przedmiotów powyższych, winny być nadsyłane pod adresem

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Warszawa,
Królestwo Polskie.

Tuberculosis of the Stomach.—EDWARD PRZEWOSKI has observed five cases of this affection, finding the tuberculous ulcers to be usually located in the pyloric region, though sometimes met with in other parts of the mucous membrane. Generally there was but one ulcer; rarely, several ulcers were united into one large ulcerating surface. In all five cases there was at the same time a tubercular affection of the lungs, of slow progress; and the author believed the gastric affection to be due to tubercle bacilli from swallowed sputum, the predisposing causes in the stomach being (1) chronic catarrh, with diminished acidity of the gastric juice; (2) the abundance of lymphatic nodules in the mucous membrane, especially in the cardiac and pyloric regions; (3) the length of time which the gastric contents containing the tubercle bacilli remain in the stomach; (4) accidental injury or rupture of the mucous membrane. Gastric ulcers differ from intestinal ulcers in that the submucous tissue plays the principal rôle, the muscular and serous tissues rarely being involved, while there are comparatively few bacilli. Tubercular ulcers of the stomach have little clinical significance unless followed by hæmorrhage or perforation, which is rare.—*Brodowski's Festschrift*, Warsaw, 1893.

Thiosinamin in Pulmonary and Laryngeal Tuberculosis.—SENDZIAK has tried subcutaneous injections of thiosinamin, recommended by Hebra, in ten cases, using a 15-per-cent. alcoholic solution, the dose of the drug being from 0.03 to 0.15 gramme ($\frac{1}{2}$ to $2\frac{1}{4}$ grains). The injections were made in the interscapular region, from two to four times a week. After a trial of the drug for two months, he observed no improvement, and refrained from further experiment. He is inclined to class thiosinamin with tuberculin, tuberculocidin, cantharidate of potassium, etc., as regards its efficacy.—*Pamietnik Towarzystwa Lekarskiëgo Warszawskiego*, vol. iv, 1893.

Creasote in Phthisis.—A. SOKOLOWSKI ascribes the extended use of creasote to the fact that it is less injurious than other drugs recommended. Its administration is often coincident with a dietetic and hygienic treatment, the positive results of the latter being often attributed to the drug. He believes creasote to be valuable as a remedy in stimulating digestion, either by irritating the mucous membrane or by disinfecting the swallowed sputum, and as an expectorant; but in no case can it be regarded as a specific in tuberculosis. The author makes use of small doses—1 to 10 grammes ($15\frac{1}{2}$ grains to $2\frac{1}{2}$ drachms)—daily in strong solution.—*Gazeta Lekarska*, No. 1, 1894.

Antipyrin in Laryngeal and Nasal Operations.—WROBLEWSKI has employed antipyrin with great success as a local anæsthetic, injecting from 3 to 6 grains (0.2 to 0.39 gramme) in 50-per-cent. solution into the tissue to be operated upon. Complete anæsthesia occurred in from ten to fifteen minutes, and lasted from eight to twelve hours; so that the patients were free from pain for some time after operation. He has used antipyrin in scores of cases, as in removing the tonsils, scraping tubercular growths in the larynx, cauterizing granulations in the posterior portion of the pharynx, etc., and has never had any unpleasant results.—*Gazeta Lekarska*, No. 41, 1893.

Boric-Acid Injections in Gonorrhœa.—CHRZASZCZEWSKI has had good results from washing out the urethra in the various stages of this disease with a 3-per-cent. solution of boric-acid at 40° C. (104° F.). He applied it by means of a Nélaton catheter (9 to 11 Charrier's scale), introduced as far as the prostatic part of the urethra, injecting a portion of the liquid and letting it run out slowly, drawing the catheter out three to six centimetres, and again injecting a portion, without drawing the catheter a third time a similar distance, and injecting the balance. Every portion injected contains 100 grammes ($3\frac{1}{4}$ ounces) of solution. The injections should be repeated every second day.—*Przeglad Lekarski*, No. 40, 1893.

Sweden.

DR. F. EKLUND,
Brefväxlande Medarbetare
för den
SVENSK MEDICINSK
LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, boeker, afhandligar, monographier a. s. v. torde ett exemplar benäget öfversändas till

DR. ABRAHAM
FREDRIK EKLUND,
Sibyllegatan, 3 A,
Stockholm.

Dilatation of Stomach Due to Abnormality of Colon.—HUTTKRANZ reports the case of a farmer's wife, aged 34 years, with symptoms of perforating round ulcer of the stomach and ileus. Fetid matter was vomited, the quantity never exceeding 500 grammes (1 pint). The condition of the patient prevented any active measures. At the autopsy it was found that the lax, dilated stomach extended down to the brim of the pelvis, filling up both iliac fossæ, simulating during life a case of free fluid in the peritoneal cavity. The duodenum was greatly dilated in the upper portion, being as thick as an arm. This dilatation was due to compression in the lower part by the transverse colon, which was attached to the posterior abdominal wall.—*Hygiea*, lv, p. 220.

Ether as an Anæsthetic.—SÖDERBAUM declares himself as against the exclusive use of chloroform. In 113 cases operated on by himself, it required less than 150 cubic centimetres (5 ounces) of ether to produce narcosis in 70 cases, and in children less than 50 cubic centimetres ($1\frac{2}{3}$ ounces). He did not use it for children under one year. In rare cases, when 100 cubic centimetres of ether had been administered, and the patient was still agitated, the author had recourse to chloroform, as well as in some operations upon the mouth and face. On the other hand, patients with compensatory diseases of the heart were allowed to inhale ether without any fear. —*Upsala lakareförenings forhandlingar*, xxix, 4, p. 223.

Congenital Heart Disease.—PETERSON observed two interesting cases in boys, aged 9 and 10 years respectively, in the first of which he verified, by post-mortem examination, the diagnosis of stenosis of the pulmonary artery and tricuspid valves. This disease had begun in the later stage of fœtal life, not after birth, the ring ostium having become thickened and atrophied. The second case was also organic congenital cardiac disease, with alteration of the right half of the heart.—*Upsala lakareförenings forhandlingar*, xxix, 4, p. 237.

Operation for Bilateral Meningocele.—A. O. LINDFORS had under his care a boy, 10 months of age, with a large, broad-based, bilobed tumor, longest in its transverse diameter, between the forehead and nose. Both lateral lobes were round, soft, elastic, and fluctuating, the left being as large as a chestnut. Exploratory incision showed that they had no communication with each other. A thin fluid escaped, yellow as straw. Portions of the cystic wall removed were found to consist of dense connective tissue. The tumor recurred, and was excised. Microscopical examination showed it to consist of a superficial normal skin; under this a lax, cavernous tissue with loose meshes containing numerous lymphoid cells, some tortuous vessels filled with blood-cells, and an inner layer of firm, homogeneous connective tissue. There were no ganglion-cells or other nervous elements. The case was probably a pure meningocele of the rare bilateral form. The rapid recurrence of the tumor was remarkable, and was due to enormous thickening of the cystic wall and consequent structural alteration of the growth. Recovery followed the operation.—*Upsala lakareförenings forhandlingar*, xxix, 4, p. 219.

Vaginal Fixation of the Retroflexed Uterus.—F. WESTERMARK has performed this operation according to Dührssen's method, using, instead of the bent probe, a repositor constructed in the same manner as that of Emmett, but much stronger. Sutures were made from the bulbous portion of the urethra, immediately under the vaginal wall, to the transverse incision in the anterior fornix, and, with the aid of the left forefinger as a guide, from the fundus of the uterus two or three centimetres downward through the anterior uterine wall, and from the incision to the bulbous portion of the urethra below. The result of the operation was satisfactory in three cases. Westermark considers it indicated (1) in all cases of movable retroflexion, where the uterus cannot be retained in position by a pessary; (2) in cases of movable retroflexion associated with defects in the perineum, in consequence of laceration, etc., where the treatment of these complications must precede the treatment by pessaries; (3) in condition of retroflexion requiring the pessary to be worn constantly.—*Hygiea*, lvi, 2, pp. 159–170.

Pregnancy Complicated by a Myoma.—MAURITZ SALIN reports the case of a woman, aged 34, married, suffering from a myoma of the uterus, which completely filled the lesser pelvis and almost occluded its aperture, and which was seated on the posterior right wall of the uterus. At the end of the seventh month the latter was lifted up from the pelvis by the pains, and twelve weeks later a large living child was removed by means of the forceps. There was some reduction of the tumor during involution of the uterus. Mother and child did well.—*Hygiea*, lv, p. 242. Supplement.

Treatment of Diphtheria.—G. Engstrand prescribes for sore throat and diphtheria in all forms the benzoate of sodium exclusively, made from benzoin gum. He regards it as being as infallible in such affections as is salicylic acid in rheumatism and quinine in malaria. Combined with stimulants its effect in membranous angina is wonderful. The dose for children less than a year old is 0.10 gramme ($1\frac{3}{4}$ grains) every hour, increasing 0.10 gramme ($1\frac{3}{4}$ grains) for each year up to 10 years, when the dose is 1 gramme ($15\frac{1}{2}$ grains) every hour, and from 18 to 60 years 1.5 grammes (24 grains) every hour. The patient should be made to gargle the throat frequently with a solution of permanganate of potassium 1-to-50 and solution of cyanide of mercury in infusion of elder.—*Eira*, xviii, 3, p. 69.

Effect of Mercury on the Kidneys.—Welander has had the opportunity of observing 97 cases of syphilis before treatment with mercury, and during the administration of the drug. He found that its elimination was accompanied by a greater or less irritation of the kidneys, manifested by casts in the urine. These casts increase in proportion to the length of the treatment, gradually decrease after its cessation, and generally disappear within a month or six weeks. No injury to the kidneys, either temporary or permanent, was observed.—*Hygiea*, lvi, 2, pp. 105, 148, 1894.

Hydronephrosis Complicated with Urinary Cyst.—Widerström reports an interesting case of a seamstress, 29 years old, who for eleven years had suffered once or twice a year with attacks of pain and stitches on the left side. A tumor beneath the costal border slowly increased in size until it reached the back of the uterus and entirely filled the epigastrium. An operation was performed and a perirenal cyst discovered, covered with peritoneal tissue, and also an hydronephrosis communicating through a small opening with a retroperitoneal multilocular cyst. This cyst was easily extirpated, together with the left kidney, which was not uniformly atrophied, but was transformed into a mass of small cavities, separated from one another by bars (columns of Bertini). Tampons of iodoform gauze two metres long and ten centimetres wide, containing 1.5 grammes (24 grains) of iodoform, were used to pack the cavity, and about the same quantity for the external abdominal wound. The fatal issue was probably due to iodoform poisoning combined with anuria, which in its turn was caused by the action of the iodoform and chloroform on the right kidney. According to Widerström, the hydronephrosis was the primary disease and the perirenal cyst a secondary affection.—*Hygiea*, lvi, 2, pp. 149–155.

Clinical Notes.

Ventrofixation of the Uterus.—Dr. W. J. Sinclair believes that this operation, efficiently performed, is a permanent cure of the troubles arising from chronic retroflexion of the uterus complicated with adhesions or inflammatory affections of the tubes and ovaries. When pregnancy occurs after the operation no distress is experienced by the patient, and no unusual

phenomena are observable during the pregnancy, parturition, or the puerperal state. Contrary to what might be expected, bladder troubles are quite the exception after the operation, and these discomforts are almost certainly avoidable by care in operating. In a certain proportion of the cases ventral hernia occurs at the site of the cicatrix. How this is to be prevented is one of the problems of the future. After making full allowance for the element of risk and the incidental drawbacks the operation of ventrofixation is not only justifiable, but is indicated in a certain limited class of cases of retroflexion of the uterus with complications.—*Medical Chronicle*, April, 1894.

The Extinction of Tuberculosis.—Dr. George H. Rohé, in his presidential address before the Medical and Chirurgical Faculty of Maryland, called attention to the possibility of the extinction of tuberculosis. He considered it an established fact that without the inoculation of the bacillus of tuberculosis we cannot have consumption or any other form of tubercular disease; and if by any means this infectious agent can be excluded from the body, the individual is safe from the disease. The principal measures to accomplish this end must comprise, first, immediate destruction of the bacillus in the sputa or in other excretions when the case is not a pulmonary one; second, the disinfection of clothing and bedding, or other furniture liable to be contaminated with the infective material. Accessory measures must be considered, such as notification of the health authorities of all cases of consumption, public disinfection of infected houses and conveyances, and the establishment of special hospitals for the free treatment of indigent consumptives established.

The efficient carrying out of restrictive measures against consumption requires intelligent co-operation on the part of the public. Hence, the education of the laity upon the infectious nature of tuberculosis and the importance of individual measures of prophylaxis must precede any successful enforcement of legal enactments looking toward the restriction of the disease. There can be no doubt that the public press can give most effective aid in spreading such knowledge. It is the most powerful auxiliary of the sanitarian. The press makes public opinion. Public opinion makes laws, and until laws have the sanction of public opinion it is futile to look for their successful enforcement. Popular societies, like the French "Ligue préventive contre la phthisie pulmonaire" and the "Pennsylvania Society for the Prevention of Tuberculosis," are also useful and effective agencies in educating the people upon this subject. By concerted action on the part of physicians, sanitary authorities, and the public, tuberculosis may be stamped out and become in the future a matter of interest only to the historian of human progress.—*Maryland Medical Journal*, April 28, 1894.

Diagnosis of Appendicitis by Palpation.—Dr. George M. Edebohls strongly advocates this method of diagnosing disease of the vermiform appendix. He uses the right hand only, externally, for palpation, placing two, three, or four fingers, palmar surface downward, almost flatly upon the abdomen, at or near the umbilicus. While he draws the fingers over the

abdomen, in a straight line from the umbilicus to the anterior superior spine of the right ilium, he notices carefully the character of the various structures as they come beneath and escape from the fingers passing over them. In doing this the pressure exerted must be deep enough to recognize distinctly the resistant surfaces of the posterior abdominal wall and of the pelvic brim. Pressure less than this will fail of its object. The appendix is recognized, on exerting this necessary pressure, as a more or less flattened, ribbon-like structure, when normal, or as a more or less rounded and firm organ, of varying diameter, when its walls have been thickened by past or present inflammation. When it is the seat of inflammatory changes, it is always more or less sensitive on pressure; normally it is not so. A good guide is formed by the right common and external iliac arteries, the pulsation of which can easily be felt. The appendix is generally found almost immediately outside of them. Its origin is practically always at McBurney's point, and at its base it is separated from the iliac arteries by a space of one-half to one inch, while lower down in its course it usually crosses very obliquely the line of the arteries. Starting from McBurney's point, any deviation from its usual course can easily be recognized.

The author gives one broad rule as regards operative interference in appendicitis: not to operate in chronic cases unless you can feel the diseased appendix, nor in acute cases unless by palpation you can recognize either the diseased appendix or the presence of a tumor. Anæsthesia, in some exceptional cases, may be necessary to decide the question.—*American Journal of the Medical Sciences*, May, 1894.

Pernicious Anæmia at the Age of Twenty-one.—Pernicious anæmia is not often met with during the first twenty-five years of life, and a case observed by Dr. W. R. Gowers, of London, is therefore worthy of mention. The patient, a young man aged 21 years, seen February 19, presented the appearance of extreme chlorosis, the skin having the characteristic tint, the gums and conjunctivæ being very pale. He was feeble and readily rendered short of breath. The condition had come on gradually during the previous six months, before which time the patient had seemed in good health, though he had been delicate as a young child. The percentage of hæmoglobin was but little over 30, and of red corpuscles only 25 per cent. Examination of the eyes showed numerous flame-shaped hæmorrhages in each retina, and one or two, of more irregular shape, near the disc. Hæmorrhages had occurred a month previously. In spite of careful treatment the patient steadily failed. There was some elevation of temperature for a few days, and pyrexia returned on March 19th, when a large hæmorrhage occurred in the right eye. Vomiting set in and the patient died on March 21st.

Such a case, says Dr. Gowers, lends itself to the current tendency to associate all sorts of diseases with specific organisms; but another hypothesis deserves consideration, viz., the failure of tissues soon after they complete their development, not unknown in other structures,—an inherent defect of vital endurance on the part of the blood-making tissues.—*British Medical Journal*, May 12, 1894.

Meningitis of Obscure Causation.—Dr. F. Carr Bottomley, of St. George's Hospital, London, in a study of this subject, arrives at the following conclusions: 1. It is difficult to say whether certain cases of meningitis have been due to tubercle or not. Meningitis may probably be tuberculous without any tubercles being visible in the meninges,—at any rate, to the naked eye. Bacteriology helps us to decide whether this has been the cause. 2. It is also difficult to decide whether certain cases are due to ear disease; the presence of signs of old or recent otitis media does not necessarily show that the meningitis was secondary to this; bacteriology probably helps us to decide the question only in the case of old ear disease. 3. Some cases of meningitis following broncho-pneumonia and empyema are probably of a septic nature. 4. There is no evidence of Bright's disease being a cause of meningitis. 5. Idiopathic cases are characterized by the following points: (*a*) Both brain and spinal cord are frequently attacked, and spinal symptoms are common; these symptoms are rare in other varieties of meningitis which attack both brain and cord, if we consider retraction of the head to be not necessarily a spinal symptom. In some cases spinal appear before cerebral symptoms. (*b*) The duration of illness varies from one to four weeks, the variation depending mainly on the stage of the disease at which the cerebral membranes become affected. (*c*) Recoveries are fairly frequent. (*d*) The best treatment seems to consist in the administration of mercury and iodides. (*e*) The affection of the cerebral membranes may be either at the vertex or the base or both. (*f*) The cases occur perhaps most frequently in the cooler parts of the year. 6. There is some evidence for considering these cases to be associated with epidemic meningitis, and for considering that the cause of both may be the *diplococcus pneumoniæ*.—*Practitioner*, June, 1894.

A Case of Tænia Nana in a Child.—Dr. Rasch, of Bangkok, had under his care a girl of 7 years, in whom disturbances of digestion, combined with an insomnia which could not be accounted for, led him to suspect the possibility of helminthiasis. Examination showed the presence of oxyuris and the eggs of tænia. Male fern was administered, and a large quantity of white filaments, fifty or eighty in number and one or two centimetres in length, were passed, which proved to be the tænia nana. The child has never been out of Siam.

Tænia nana is rare in the human subject, but three or four cases having so far been reported by Bilharz, of Cairo; Blanchard, of Belgrade; and Grassi, of Sicily.—*Deutsche medizinal-Zeitung*, No. 13, 1894.

The Value of Sugar and the Effect of Smoking on Muscular Work.—As the result of a series of experimental researches in the Physiological Institute, Turin, upon this subject, Vaughan Harley has come to the following conclusions: 1. The periods of digestion as well as the kinds of food taken have a marked influence on voluntary muscular energy. 2. Irrespective of the influence of food, there is a periodical diurnal rise and fall in the power of performing muscular work. 3. More work can be done after than before mid-day. 4. The minimum amount of muscular power is in the morning about 9 A.M., the maximum about 3 in the afternoon. 5. Regular muscular exercise not only

increases the size and power of the muscles, but has the effect of markedly delaying the approach of fatigue. 6. The amount of work performed on a diet of sugar alone is almost equal to that obtained on a full diet, fatigue, however, setting in sooner. 7. In fasting, large quantities of sugar (500 grammes (16 ounces) can increase the power of doing muscular work during 30 voluntary contractions from 26 to 33 per cent., while the total gain in a day's work may be 61 to 76 per cent., the time before fatigue sets in being also lengthened. 8. The effect of sugar is so great that, when added to a small meal, it can increase the muscular power during 30 contractions from 9 to 12 per cent., while the total increase in work may be from 6 to 39 per cent., the approach of fatigue being at the same time retarded. 9. When added to a large mixed meal, sugar can increase the muscular power of 30 contractions 2 to 7 per cent., the increase in total work being 8 to 16 per cent., and a marked increase in the resistance to fatigue is shown. 10. Two hundred and fifty grammes (8 ounces) of sugar taken in addition to a full diet increase the day's work; the work accomplished during 30 voluntary muscular contractions shows a gain of from 6 to 28 per cent., the total day's work giving an increase of power 9 to 36 per cent., and the time before fatigue sets in being lengthened. 11. Moderate smoking, although it may have a slight influence in diminishing the power of doing voluntary muscular work, neither stops the morning rise nor, when done early in the evening, hinders the evening fall. 12. Sugar taken early in the evening is capable of obliterating the diurnal fall in muscular power that occurs at this time, and increases the resistance to fatigue.—*Journal of Physiology*, vol. xvi, Nos. 1 and 2, 1894.

Scorbutus in Infants.—Dr. Wm. P. Northrup advances the following conclusions, based on an exhaustive study of the subject: 1. Scurvy may appear at any period of infancy or early childhood, but is most common between the ninth and fourteenth months. 2. The lesions are hæmorrhagic in character, due probably to diapedesis. The most characteristic are subperitoneal hæmorrhages. Hæmorrhages into the muscular tissues, the skin, and mucous membrane are more or less constant. 3. It occurs in every grade of the social scale, but is more frequent among the rich than the poor. The neglected child who eats everything at table may become rachitic or marasmic, but he obtains enough fresh food to protect him from scurvy. It very rarely occurs in asylums and hospitals, because in recent years feeding in such institutions has been more rational than in many private families. 4. Lack of fresh food is the most important cause. The use of the proprietary foods and condensed milk produces more scurvy than all other causes combined. Even fresh milk in small proportions is not sufficient to insure protection. 5. Anæmia and malnutrition are almost invariably present; a peculiar sallow complexion is common. 6. Scurvy is frequently superadded to rachitis, but in a considerable number of cases no evidences of rachitis are present. So-called acute rickets is in most cases, probably in all rickets, complicated by scurvy. 7. Pain is a constant symptom; it develops early and is usually intense. 8. A varying degree of immobility of the extremities is common, and is frequently so marked as to simu-

late paralysis. This pseudoparalysis disappears with the subsidence of the scorbutic symptoms. 9. Subcutaneous hæmorrhages, as well as hæmorrhages from the cavities of the body, are very common, but are not necessary to a diagnosis of scurvy. 10. The condition of the gums is characteristic. They are purplish, soft, spongy, and bleeding, and frequently show decided ulcerations. When the teeth have not been erupted, changes in the gums are usually slight or entirely absent. 11. Painful swelling of the lower extremities is the most constant symptom; the upper extremities are rarely involved. The thigh is affected more frequently than any other region. 12. Children suffering from scurvy commonly present the following symptoms: anæmia, intense pain on motion, spongy and bleeding gums; swelling of the lower extremities, usually at the thigh. There may also be purpura or ecchymoses, discharge of blood from the various cavities of the body, and pseudoparalysis. 13. Scurvy, when untreated, is a very fatal disease; when recognized and properly treated, a rapid and complete cure is usually effected. The result of antiscorbutic treatment is, in fact, one of the most certain means of diagnosis. 14. Scurvy may be mistaken for rheumatism, stomatitis, rickets, sarcoma, osteitis, and infantile paralysis. 15. Scurvy is a dietetic disease, and must be cured by dietetic treatment. Fresh milk, beef-juice, and orange-juice are the most effective remedies.—*New York Medical Journal*, May 26, 1894.

Recent Suggestions in Therapeutics.

Acute Bronchitis in Infants.—Changing of rooms, or good air, temperature at 72° F. (22.2° C.); warm, dry clothing; keep child in crib, changing position frequently. If bottle-fed, give partially digested or easily digested foods, daily evening sponge or bath in salt water; if seen at the onset, 3 to 5 drops of *castor-oil* every two hours for two or three days, followed by *antimony* and *ipecac* in small doses. If condition of heart require it, give whisky, 10 to 30 drops, or *strophanthus*, 1 to 2 drops, every hour or two; for restlessness, small doses of *bromide* and *chloral*, or *Dover's powder*, $\frac{1}{8}$ to $\frac{1}{4}$ grain (0.008 to 0.016 gramme). Mustard, or steam spray, as counter-irritants. (Kerley, *Archives of Pediatrics*, May, 1894.)

Acute Inflammatory Rheumatism.—℞ *Acid. salicyl.*, 65.0 grammes ($2\frac{1}{8}$ ounces); *potass. bicarb.*, 65.0 grammes ($2\frac{1}{8}$ ounces). M. Place in mortar, dissolve in water until effervescence ceases, add *liquor. ammon. acet.*, 100.0 grammes ($3\frac{1}{4}$ fluidounces); *fl. ext. cascara sagrada arom.*, 33.33 grammes (1 fluidounce); *glycerini*, 200.0 grammes ($6\frac{1}{2}$ fluidounces); *water*, q. s. ad 500.0 grammes (16 fluidounces). M. S: 10 cubic centimetres ($2\frac{1}{2}$ fluidrachms) every two to six hours; when patient perspires freely, every six hours (Heine Marks, *St. Louis Courier of Medicine*, April, 1894.)

Acute Tonsillitis.—Pure *guaiacol* applied locally, as early in attack as possible, by means of cotton swab, care being taken not to touch larynx. To keep throat moistened, troches of *althea* or *guaiac*, or gargles. In most cases two applications are sufficient. Patient is often able to swallow within ten minutes. Swelling subsides in two or three hours and temperature falls to normal. (J. H. Raymond, *Medical Record*, March 24, 1894.)

Antiseptic Powder.—*Hydrargyri chlorid. corros.*, $\frac{1}{6}$ or $\frac{1}{3}$ grain (0.013 or 0.02 gramme); *acidi borici*, 1 ounce (31 grammes); *acidi tannici*, 10 grains (0.65 gramme); *sacch. lact.*, q. s. ad 2 ounces (62 grammes). Mix sublimate gradually and thoroughly with sugar of milk, adding other ingredients afterward, so as to obtain uniform distribution of bichloride. Strength of powder, 1 to 5000 for $\frac{1}{5}$ grain (0.013 gramme) of bichloride, or 1 to 3000 for $\frac{1}{3}$ grain (0.02 gramme). No odor. Valuable in surgical practice where iodoform is usually employed. (Pick, *New York Medical Journal*, April 7, 1894.)

Catarrhal Conjunctivitis.—Wash, to be used four or five times daily; *sterilized water*, 1000 grammes (1 quart); *opium extract*, 0.10 gramme ($1\frac{3}{4}$ minims). For instillation morning and evening; *distilled water*, 10 grammes ($2\frac{1}{2}$ fluidrachms); *nitrate of silver*, 0.10 gramme ($1\frac{3}{4}$ grains); *Rousseau's laudanum*, 5 drops. Filter. When suppuration has diminished, replace by *distilled water*, 10 grammes ($2\frac{1}{2}$ fluidrachms); *sulphate of zinc*, 0.05 gramme ($\frac{7}{8}$ grain). (Valude, *L'Union Médicale*, June 7, 1894.)

Chronic Rectitis.—*Thioform* internally, dose 0.30 gramme ($4\frac{1}{2}$ grains) three times daily for two weeks. (Schmidt, *Therapeutische Monatshefte*, April, 1894.)

Cold Powder.—℞ *Camphor*, 64.0 grammes ($2\frac{1}{8}$ ounces); *ammon. carb.*, 50.6 grammes ($1\frac{1}{2}$ ounces); *pulv. opii*, 12.72 grammes ($3\frac{1}{4}$ drachms); *potass. sulph.*, 121.75 grammes (4 ounces); *powd. ipecac.*, 3.25 grammes ($\frac{1}{2}$ grain). M. f. pulv. Sig.: Used whenever Dover's powder is indicated and to alleviate cough of phthisis and pneumonia. (Heine Marks, *St. Louis Courier of Medicine*, April, 1894.)

Favus.—Shave head, wash for first five days with green soap; on sixth day apply compress soaked in *thymol*, 1 part; *chloroform*, 8 parts; *olive-oil*, 36 parts. Keep compress in position with bandage, applying fresh three times daily. When the softened particles drop off, remove hairs and rub with above mixture, replacing it in three or four weeks with *iodine*, 2 parts; *glycerin*, 1 part. Use daily for one week. (Guladre, *Russkäia Meditzina*, No. 5, 1894.)

Gonorrhœa.—*First Stage.*—Patient ordered to wear suspensory bandage until discharged cured. Indulgence in tea, coffee, stimulants, suggestive conversation, literature, pictures, active exercise, etc., prohibited. Diet simple and curtailed, bowels kept open, milk with Vichy water *ad libitum*; also, Londonderry lithia-water. Unsweetened lemonade, and following mixture to render urine alkaline; limit ardor urinæ, and pre-

Gonorrhœa (*continued*).

vent chordee; only treatment in acute stage: ℞ *Potassii acetatis, potassii citratis*, each 6 drachms (23 grammes); *sodii bromidi*, 1 ounce (31 grammes); *ext. hyoscyami fl.*, ½ fluidounce (16 grammes); *spts. ætheris nit.*, 1½ fluidounces (46.5 grammes); *syr. aurantii*, q. s. to make 6 fluidounces (186 grammes). M. Two teaspoonfuls several times through the day and evening; glans penis wrapped in cotton and foreskin drawn forward over it; *bromide of sodium*, with now and then suppository of *opium*, *aconite*, and *belladonna*, to prevent severe chordee. This treatment, maintained until discharge changes from thick, yellow, and purulent to thin, bluish-white, or colorless, and without traces of pus or blood. Up to this time the patient is not allowed to use any injection whatever. *Second Stage.*—For three days, morning and evening, patient injects small quantity of solution of *hydrogen peroxide*, diluted with water. At end of three days the following is given: ℞ *Zinc sulphate*, 12 grains (0.78 gramme); *boric acid*, ½ drachm (2 grammes); *colorless hydrastis*, 6 drachms (23 grammes); *rose-water*, ad 6 ounces (186 grammes). M. To be used morning and evening. In majority of cases no further treatment required. If discharge linger, sound passed several times, results being entirely satisfactory. (H. Elliott Bates, *New York Medical Journal*, April 14, 1894.)

Guinea-worm (Filaria Medinensis).—One compound *sulphur* tabloid (Garrod's formula) to be taken every four hours daily for at least ten days, then one tabloid three times a day during the next ten days, at end of which period cure; life-history and development of parasite having been cut short. (Forbes, *Indian Medical Record*, May 15, 1894.)

Hæmorrhage After Tooth Extraction.—*Opium tincture*, full dose; *calcium chloride*, 20 grains (1.3 grammes). Also used successfully in hæmatemesis. (William Huntly, *Indian Medical Record*, May 1, 1894.)

Hectic Fever.—1. When hyperpyrexia is insignificant, but the chill, sweat, and prostration are the prominent features: ℞ *Strychninæ sulphat.*, ⅓ grain (0.02 gramme); *atropini sulphat.*, $\frac{1}{100}$ grain (0.006 gramme); *extr. gentian.*, q. s. M. et ft. in pilulæ no. xii. S.: One t. i. d. 2. When all the symptoms are present: ℞ *Strychninæ sulph.*, ⅓ grain (0.02 gramme); *atropini sulph.*, $\frac{1}{100}$ grain (0.006 gramme); *antifebrin*, 1 drachm (4 grammes). M. et ft. in capsulæ no xii aut oblat. S.: One t. i. d. or p. r. n. 3. When the sweating stage is absent, but the temperature and prostration predominate: ℞ *Strychninæ sulphat.*, ⅓ grain (0.02 gramme); *phenacetin*, 2 drachms (8 grammes); *caffein. citratis*, 24 grains (1.5 grammes). M. et ft. in oblat. no. xii. S.: One wafer t. i. d. aut p. r. n. (Stark, *Medical Record*, April 14, 1894.)

Hyoscine in Hystero-Epilepsy.—Dose, 0.01 gramme ($\frac{1}{164}$ grain), usually sufficient to produce desired effect. Action apparent in twenty-five minutes. Arrests attack and prevents access of another. Usually induces sleep. Tolerance not established, even after prolonged use. (Béla Nagy, *Cent. f. d. gesammte Therapie*, April, 1894.)

Ivy Poisoning.—*Larrabaque's solution* (chlorinated soda) applied as dressing, every hour or half-hour, in full or half strength. (CANTRELL, *Philadelphia Polyclinic*, May 12, 1894.)

Malakin.—Salicylic derivative, containing about 50 per cent. *salicylaldehyde.* Action is mild; no unpleasant effects, except for profuse perspiration. Of value in acute rheumatism, causing rapid amelioration of articular symptoms. (MERKEL, *Münchener med. Wochenschrift*, April 24, 1894.)

Meningitis.—Ice-bags to head and spine; hot mustard foot-bath at outset; if convulsions, place child in warm bath. Give following: ℞ *Phenacetin*, $1\frac{1}{3}$ drachms (5.2 grammes); *sodii bromid.*, 3 drachms (12 grammes); *caffeine*, 20 grains (1.3 grammes); *ol. cinnam.*, 10 drops; *sacch. lact.*, 1 drachm (4 grammes). M. ft. chart. no. x. Sig.: One every four hours. (J. LEWIS SMITH, *Annals of Gynæcology and Pædiatrics*, May, 1894.)

Ozæna.—Thorough spraying of membrane with some solvent of albuminous material; wash away this material with alkaline antiseptic solution; thoroughly dry membrane; apply remedial agent which will adhere to membrane, stimulating and irritating, establishing acute inflammation. When copious watery discharge has lasted ten days, use stimulating antiseptic solution. *Peroxide of hydrogen* solution (15-volume) best solvent for albuminous material; *oil of mustard* (6 to 8 drops) in *benzoinol* or *liquid albolin* (1 ounce—31 grammes), used with atomizer, forms admirable irritant. (D. BRADEN KYLE, *Medical News*, May 5, 1894.)

Rhinoscleroma.—Injections of *Fowler's solution*, 1 to 100; fourth injection increased to strength of 4 to 100; seventh or eighth to 8 to 100; 12th, 12 to 100. At first, injections of 1 gramme ($15\frac{1}{2}$ minims); after ninth injection, 4 grammes (1 fluidrachm). Injections made daily in various parts of growth. In a patient in whom growth was three years old improvement began after eighth injection. During fifteen months 222 injections given; six months after suspension of treatment patient in good health, growth entirely disappearing after forty-fifth injection. Hypertrophy of end of nose also cured. (STUKOWENKOW, *St. Petersburgher Med. Woch.*, June 9, 1894.)

Spasms of the Anus.—℞ *Extract. Belladonnæ*, $\frac{1}{4}$ to $\frac{1}{2}$ grain (0.016 to 0.03 gramme); *iodoform*, 4 to 10 grains (0.26 to 0.65 gramme). M. Fiat suppositorium. (HARE, *College and Clinical Record*, May, 1894.)

Sphacelotoxin.—Obtained from ergot. Yellow powder, insoluble in water; soluble in ether, chloroform, alcohol, and alkaline fluids. Effects similar to ergot, manifested in several minutes, attaining maximum in half an hour. Dose, 0.04 to 0.10 gramme ($\frac{2}{3}$ to $1\frac{3}{4}$ grains). (FREUND, *Nouveaux Remèdes*, June 8, 1894.)

Tænia in Children.—Submit patient for two or three days to special diet—potato-soup, eggs, foods prepared with milk, a little bread; then, for twenty-four hours, milk only. In the evening, and two or 3 hours before ingestion of medicine, laxative by injection. For a child of 12

Tænia in Children (*continued*).

years, following mixture: ℞ *Ethereal extract male fern*, 8 grammes (2 fluidrachms); *calomel*, 0.40 gramme (6 grains); *mint-water*, 10 grammes (2½ fluidrachms); *gum arabic*, 5 grammes (1¼ drachms); *simple syrup*, 20 grammes (5 fluidrachms); *distilled water*, q. s. ad 60 grammes (1¾ fluidounces). Tablespoonful every ten minutes. Two hours later, 25 grammes (6½ fluidrachms) *castor-oil*. (Descroizilles, Hôpital des Enfants Malades, *Médecine Moderne*, June 13, 1894.)

Thioform.—*Salt of bismuth*, containing *bismuth*, *sodium*, and *salicylic acid*. Yellowish-gray powder; light, voluminous, inodorous, insipid; insoluble in water, alcohol, and ether. Antiseptic action doubtless due to concentrated solution of dithion formed in secretion of wounds after its application; this solution of dithion (20 per cent.) kills spores of anthrax in forty-five minutes. Rapidly dries wound, covering it with impermeable layer, and preventing invasion of pathogenic organisms from without. Especially indicated in burns, in which cases it acts with more rapidity and certainty than any other drug. Dressings should be changed every three days. Absolutely non-toxic, even 10 grammes (2½ drachms) at one time causing no bad effects. (*Nouveaux Remèdes*, June 8, 1894.)

To Prevent Septic Infection through Abrasions.—℞ *Icthyol*, 4.0 grammes (1 drachm); *flexible collodion*, 30.0 grammes (1 ounce). M. Sig.: Apply with camel-hair brush once or twice daily. (Heine Marks, *St. Louis Courier of Medicine*, April, 1894.)

Varicocele.—Operation employed in five severe cases, with uniformly good results. Combination of essential features of methods of Bennett and Henry. Patient anæsthetized; scrotum, pubes, and thighs shaved, well scrubbed with soap and water, and irrigated with a bichloride solution. Vas deferens isolated and slipped behind other constituents of cord; veins grasped and made prominent by fingers and thumb of left hand. Incision about an inch long over the cord parallel to its course, and veins, covered by their sheath, exposed. Catgut ligature passed around aneurism at lower angle of wound and tied. Veins and fascia freed from surrounding parts for an inch or more above ligature; second ligature passed around them at upper angle of wound, and tied, ends of both ligatures being left long. Portion of veins between ligatures divided above and below, one-fourth inch from ligatures, and removed. One end of each ligature threaded on needle, passed through end of stump which it encircles, emerging at point opposite knot. Bleeding carefully checked; both stumps brought together, and kept in contact by tying corresponding ends of upper and lower ligatures together. Ends cut short, wound irrigated and dried, incision closed by interrupted sutures. Testicles now pushed up against pubes, scrotum drawn through blades of scrotal clamp, which is tightened until skin is firmly grasped, depressing clamp well toward perineum, raphé of scrotum being in middle line of condemned tissue. Interrupted silk

stitches passed through scrotum on distal side of clamp; redundant tissue cut away. Clamp removed, bleeding arrested, stitches tied, dressing applied. (STUART MCGUIRE, *Virginia Medical Monthly*, May, 1894.)

Zinc Gelatin.—Formula for soft gelatin: *gelatin*, 12.50 parts; *glycerin*, 12.50 parts; *oxide of zinc*, 20 parts; *water*, 55 parts. Hard gelatin: *gelatin*, 15 parts; *glycerin*, 10 parts; *oxide of zinc*, 25 parts; *water*, 50 parts. If less contractile gelatin be required, use 15 parts of glycerin for both formulæ, oxide of zinc in proportion. For polyclinic use and practice among poor: *gelatin*, 10 parts; *glycerin*, 10 parts; *oxide of zinc*, 30 parts; *water*, 50 parts. This solidifies at lower temperature, but is cheaper. (MENAHEM HODARA, Constantinople, *Journal des Mal. Cutanées et Syphilitiques*, May, 1894.)

Monographs Received.

The editor acknowledges, with thanks, the receipt of the following monographs:—

Brain Surgery, with Report of Nine Cases, by *F. C. Schaefer*, Chicago, Ills.——Sarcina Ventriculi in Medico-Legal Investigation of Blood-Stains, by *W. N. Sherman*.——The Spectacle Treatment of Hypermetropia, by *Boerne Bettman*, Chicago, Ills.——Subvolution, a New Pterygium Operation, by *Boerne Bettman*, Chicago, Ills.——Proceedings of the Society for the Study of Inebriety. London, May, 1894.——Ripening of Immature Cataracts by Direct Trituration, by *Boerne Bettman*, Chicago, Ills.——Tumor of the Brain Simulating a Vascular Lesion, by *J. T. Eskridge*, Denver, Col.——Surgical Clinic, by *F. C. Schaefer*, Chicago, Ills.——Aix-les-Bains, by *Thomas Linn*, Nice, France.——Three Illustrative Cases of Abdominal Section, by *Aug. Schachner*, Louisville, Ky.——Traitement Chirurgical de la Phthisie Laryngée, par le *Dr. Gouguenheim*, Paris, April, 1894.——Drei Fälle von Hæmatokolpos, von *Dr. Franz T. B. Fest*, Plank Road, Mich.——A Contribution to the Arrangement and Functions of the Cells of the Cervical Spinal Cord, by *Joseph Collins*, New York.——Early Operations in Head Injuries, by *Wm. B. Van Lennep*, Philadelphia.——Catalogue of the Library of the Royal Medical and Chirurgical Society, London, 1893.——Sixteenth Annual Report of the Presbyterian Eye, Ear, and Throat Charity Hospital, Baltimore, Md., 1893.——Perityphlitis, by *F. C. Schaefer*, Chicago, Ills.——L'Isola di Capri, Come Stazione Climatica, *Dott. Vincenzo Cuomo*, Napoli, 1894.——On Reaction-times and the Velocity of the Nervous Impulse, by *C. S. Dolly* and *J. McKeen Cattell*, Philadelphia.——A Contribution to the History of the Discovery of Modern Surgical Anæsthesia, by *Luther B. Grundy*, Atlanta, Ga.——Asepsis with Especial Reference to Abdominal Surgery, by *Louis Frank*, Louisville, Ky.——Casistica Medico-Legale, pel *Prof. A. Zuccarelli*.——Mémoires Couronnes et Autres Mémoires, publiés par l'Académie Royale de Médecine de Belgique; Premier et Second Fascicule, tome xii. Bruxelles, 1893.——Lo Sfregio di Vill Borghese E. I. Reduci Dalla Galera, pel *Prof. A. Zuccarelli*.——Medico-Chirurgical Transactions, published by the Royal Medical and Chirurgical Society of London, vol. lxxvi, 1893.

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Une carte postale avisant le rédacteur-en-chef, le Dr. Sajous, à l'adresse ci-dessus, de l'envoi à un des rédacteurs d'un ouvrage quelconque en assurera la mention dans les colonnes du Journal.—Quand il s'agira *d'ouvrages mis en vente*, le contenu de la page titre, *etc.*, y compris le nom de l'éditeur et le prix, devront être mentionnés. Le travail sera immédiatement annoncé, sous la rubrique PUBLICATIONS NOUVELLES REÇUES, à tous les abonnés de l'ANNUAL et du JOURNAL.—Si une *analyse* de l'ouvrage est désirée, un second exemplaire devra être envoyé au rédacteur-en-chef.

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Selections from Society Proceedings.

FRANCE.

Congrès d'Hydrothérapie Marine.

Meeting at Boulogne-sur-Mer, July 25-29, 1894.

Tuberculosis in the Paris Hospitals.—M. Letulle, of Paris, stated that some idea might be formed of the number of tuberculous patients in the institutions of Paris from the fact that on the same day, November 16, 1892, there were 1000 in the fourteen general hospitals. Added to this, some 5000 indigent tuberculous patients are cared for by the Bureaux de Bienfaisance. In his service at the Hôpital Saint-Antoine he counted 317 tuberculous patients among 1417. The proportion of deaths was 73 out of 317, or 2 out of every 9 patients. More than 6000 patients are obliged thus to die in the hospitals without any attempt at rational treatment, the physicians' hands being tied owing to want of sufficient and necessary hospital hygiene. The general hospitals should be disencumbered of tuberculous patients, which would become possible if the state would adopt the following measures: 1. Rapid classification of indigent tuberculous Parisians. 2. Removal of the curable cases from the city, and distribution of the patients in provincial sanatoria and tuberculous colonies. 3. The creation of hospital beds or special services for patients who cannot be moved.

Tuberculosis and Marine Treatment.—M. Houzel, of Boulogne-sur-Mer, presented two patients who had been definitely cured of tuberculous adenitis by sojourn at the sea-side. They had remained free from any sign of the affection for twenty-three years. They had made each other's acquaintance while undergoing the treatment, had married, and had two

children, both healthy and without the slightest taint of tuberculosis. Dr. Houzel regarded the marine treatment as all powerful in tuberculosis, provided a sufficient time be given,—not one season, but years, if necessary.

M. Verneuil of Paris, believed it well to advise a pregnant tuberculous woman to pass the time of her confinement at the sea-shore, as her chances of having a healthy child are better there than in town.

M. Ch. Leroux, of Paris, gave the results of sea-air treatment at the sanatorium of Banyuls-sur-Mer. From October, 1892, to December 31, 1893, 463 children left the hospital, 72.50 per cent. being completely cured and 14 per cent. improved. The proportions would have been better if certain cases had not been removed too soon, or if the selection of cases had been more careful.

Influence of Sea Baths on Menstruation.—M. Houzel stated that most authors are in accord in the opinion that baths are contra-indicated during the menstrual period. This opinion may be correct as regards the women of towns, but his personal observation has shown him that the robust and perfectly-natural woman is not in a condition bordering on illness during this period. With her menstruation is a purely physiological act, silently accomplished, and accommodating itself to the fatigues and vicissitudes which the necessities of life impose upon her. Sea-baths, far from deranging, favor menstruation, prolong the period of sexual activity, and increase her fruitfulness. He has frequently been surprised to see the fisherwomen, poorly nourished, slightly clad, feet and limbs bare, wade into the sea up to the waist, and sometimes up to the armpits, remaining there for hours. In spring and summer, having filled their nets with shell-fish, they come out of the water, and with their wet clothing, and the dripping net on their shoulder, traverse the town selling their fish. In the winter they may be seen, in coldest weather, with a heavy basket of muscles on their backs, from which icy water constantly drips. Sometimes their clothes are completely frozen during menstruation, yet without causing any ill effects whatever. All this may seem surprising, and may by many be attributed to race and habit; but a study of sea-baths and their effect on the uterus easily explains it, and shows that all women, except those with grave lesions of the appendages, might imitate these fisherwomen to great advantage, provided that they allow themselves time to receive the benefit of the sea-air and to become accustomed to sea-baths before going into the water during the menstrual period. Of 123 fisherwomen examined by Dr. Houzel puberty occurred, on an average, at the age of 13 years and 10 months, and the menopause at 49 years and 6 months,—a difference in their favor, as regards the period of fecundity, of 3 years and 7 months over women not going into the sea. According to Raciborski (*Traité de la menstruation*, pp. 200, 248, *et seq.*) the average period of sexual life of the Parisian woman is 31 years and 7 months.

Sea-side Treatment in Diseases of the Ears, Nose, Pharynx, and Larynx.—MM. Ladreit de Lacharrière and Castex, of Paris, regarded the marine treatment as indicated in scrofulo-tuberculous aural affections if not deep-seated; in otorrhœa sea-baths may cause serious harm, and simple

sojourn at the sea-side is then suitable. It is contra-indicated in herpetic affections, dry otitis, tabes or Ménière's disease. Simple hysterical or inflammatory troubles are benefited.

Most nasal diseases, except eczema, improve under marine treatment; it is useful in tonsillar hypertrophies and injurious to pharyngeal tuberculosis. It is indicated in laryngo-tracheal adenopathies, but contra-indicated in chronic and tubercular laryngitis and in tumors.

M. Lavrand, of Lille, regarded the treatment contra-indicated in cases of chronic or intermittent suppuration of the ears, in sclerous otitis, and tinnitus aurium; in throat affections of persons subject to congestions, in excitable cases of tuberculosis, and in arthritic patients predisposed to acute or subacute attacks.

Genito-urinary Tuberculosis.—M. Desnos, of Paris, called attention to the opposite effects of marine treatment in vesical and genito-urinary tuberculosis. Not only the baths, but the regimen, aggravated cystitis, whether acute or chronic, and in the latter case often led to acute attacks. Indeed, there was evidence to show that cystitis developed for the first time at the sea-shore in individuals suffering from tuberculosis of the genital organs, prostate, or vesicles, or simply threatened with tuberculosis. The conditions at the sea-shore are unfavorable to the application of the necessary hygienic rules for the treatment of cystitis. It seems to be rather the function of the bladder than the tuberculous lesion which is influenced, for two patients suffering from vesical tuberculosis, and who had undergone cystotomy some months previously, were much benefited by a prolonged sojourn at the sea-side.

Genital tuberculosis is favorably influenced except during acute attacks, when there is danger of the formation of an abscess. Chronic prostatic suppurations and epididymitis diminish or heal up. Surgical intervention is powerfully aided by a residence at the sea-shore, either after the excision of fistulous tracts or after treatment of indurations of the epididymis by interstitial injections of chloride of zinc.—*La Médecine Moderne*, July 28, August 1, 4, 1894.

Académie de Médecine.

Meeting of July 17, 1894.

Sterilized Milk in Infant-Feeding.—M. Budin reported to the academy, in his own name and that of M. Chavane, the results obtained at *la Charité* hospital from the use of sterilized milk. These results confirm the excellent ones previously reported by them in 1892 and 1893. Two children whose mothers had not sufficient milk were fed on sterilized milk, which they digested admirably, and upon which they thrived better than the average. Sterilized milk given in addition to breast-milk is of great service to women with twins, as they can thus nurse their own children. Two cases, illustrated by tracings, proved this fact. There are certain infants who cannot support the milk of a wet-nurse, and in such cases sterilized milk is of great value, as shown by an instance in their service. Another child, born with harelip, who, for mechanical reasons, could not take the

breast, thrived so well upon it that at 7 months it weighed 11 kilogrammes (22 pounds).

One should also have recourse to sterilized milk when either or both parents are affected with syphilis. M. Budin reported four successful cases of this kind. The milk used is pure milk sterilized each morning in a water-bath, and used during the twenty-four hours. Milk mixed with water is often insufficient, owing to the fact that it is not rich enough in the butter, sugar, salts, etc., contained in the pure milk, and which play an important part in the alimentation of the child. Under the influence of heating to 100° F. (37.8° C.) the casein undergoes certain modifications which greatly facilitate its digestion.

The use of pure milk is much more simple for mothers as well as for nurseries and hospitals, as instead of regulating the quantity of water added to the milk by the age of the child, the same milk, pure, is given to children of all ages.

MM. Budin and Chavane are of the opinion that in the first months of life the milk should be invariably given undiluted with water. Each bottle sterilized contains enough milk for one nursing, and there remains nothing capable of undergoing alteration, as is the case when large bottles are used. They believe that the use of sterilized milk, properly directed and watched, constitutes a decided step forward in the progress of the hygiene of infancy.

M. Fournier spoke very favorably, from his own experience, of the use of sterilized milk in syphilitic babies. These could not be given to a healthy wet-nurse, and it was best to let them take the breast for a few days and then use the sterilized milk.—*L'Union Médicale*, July 19, 1894.

Meeting of July 10, 1894.

Pylorectomy for Cancer of Stomach after Preliminary Gastro-enterostomy with Murphy's Button.—M. Quénu presented specimens removed sixty-five days previously from a woman 33 years old, who had suffered from cancer of the pylorus, involving a part of the duodenum and some of the lymphatic ganglia. The gastric disturbances had begun some six months before operation, the stomach being altogether intolerant and pain and emaciation considerable. To confirm the diagnosis of cancer, M. Quénu made an exploratory operation on April 16th; fifteen days later he operated again, obtaining anastomosis of the anterior surface of the stomach with the jejunum by means of Murphy's button. Applying two forceps upon the stomach, he made an incision between them, dissected out the tumor, and, after placing two forceps in position, excised the diseased portion of the duodenum. The solutions of continuity of stomach and duodenum were then separately closed, the whole operation requiring one hour and fifty-five minutes. The course of the case was without any complication, the patient leaving her bed in eighteen days. She now enjoys excellent health, eats ordinary food, suffers no pain, and weighs 9 kilogrammes (18 pounds) more than before operation. Histological examination showed that the tumor was an epithelioma of the stomach.—*La Semaine Médicale*, July 11, 1894.

Société de Chirurgie.

Meeting of June 13, 1894.

Treatment of Artificial Anus.—M. Chaput read a memoir based upon 35 personal cases, in which he stated that there are four methods of treating artificial anus, viz.: (1) by enterotomy, followed by obliteration of the fistula; (2) by resection of both ends, followed by circular suture; (3) by longitudinal enterorrhaphy without resection; (4) by entero-anastomosis. Enterotomy is indicated in uncomplicated cases in which the sinus is long and narrow. Richelot's method—section with forceps and immediate suture—is advantageous. Enterotomy is contra-indicated in cases of crural anus, with long, narrow track and contracted, friable ends. Small fistulæ are amenable to lateral enterorrhaphy, suture in two stages, with or without opening of the peritoneum. Large fistulæ situated in a rectilinear loop may be treated by suture, by abrasion, or by lateral enterorrhaphy with oval incision to prevent stricture. If situated at the extremity of two loops perpendical to the wall, lateral enterorrhaphy may be employed, or, better, abrasion, which causes less contraction and does not necessitate opening the peritoneum.

Intestinal resection is generally contra-indicated on account of the difficulty of freeing the loop and the bad condition of the intestinal walls. However, if, in the course of lateral enterorrhaphy, the friable intestine tears readily, the ends should be resected and united by appropriate sutures. When enterotomy is for any reason contra-indicated, longitudinal enterorrhaphy without resection should be employed. A circular incision is made in the skin around the artificial anus, the peritoneum is penetrated and the ends of intestine drawn forward, a longitudinal incision made in each, the edges being sutured as in Richelot's enterotomy. The terminal orifice is then closed, either by invagination or abrasion. This operation is indicated in cases of lateral enterorrhaphy, when the lower end of the intestine is found to be tightly constricted. It is contra-indicated in cases of crural anus, where the track is narrow, the intestine friable, and the two ends constricted.

Entero-anastomosis followed by ligature of the two ends with iodoform gauze is a simple and harmless operation, and is indicated (1) when longitudinal enterorrhaphy is indicated, but is not benign (in cases of friable intestine and crural anus); (2) when an obstruction exists or there is stricture of the inferior end; (3) when there is obliteration of the lower end of the intestine. The operation may always be easily performed, and has no contra-indications.—*La France Médicale*, June 15, 1894.

GREAT BRITAIN.

British Medical Association.

Meeting at Bristol, July 31 to August 4, 1894.

Influenza.—In the Address in Medicine, Sir Grainger Stewart dealt with the progress made in the study of this disease. He recognizes in Pfeiffer's bacillus the essential cause of the disease, and accepts the opinion that

by its presence or absence we can test our diagnosis in cases otherwise doubtful, while the peculiarities of the life-history of the bacillus enable us to judge better as to the mode in which the disease spreads, and afford grounds for explaining with considerable confidence many of its complications and sequelæ. He holds the view that the bacillus, which is not widely distributed throughout the body, produces its constitutional effects through its chemical products, which are probably of the nature of albumoses, associated with organic acids or alkaloids, perhaps produced indirectly by a ferment secreted by the bacillus, this doctrine explaining the striking effects produced, often with so much rapidity.

The application of recent bacteriological observations to the question of prevention of the disease affords strong confirmatory evidence of the truth of the conclusion reached by Dr. Parsons in his now classical Report to the Local Government Board. We may presume that the view that influenza is disseminated mainly by personal intercourse with, perhaps, some occasional assistance from fomites, is now generally accepted. Further, it has been proved that strict isolation of the individual can be effective in preserving him from the disease, even in the midst of an epidemic, and in this way, as the speaker observed, persons suffering from heart or lung disease have escaped what would have been to them a terrible danger. He urged, also, that precautions as to the discharges from patients suffering from the disease would, if efficiently taken, tend materially to diminish the extent of epidemics. Considering the very sensitive nature of the bacillus, as proved by bacteriological observation, he advised that any of the antiseptics in ordinary use would suffice for the disinfection of sputum and other discharges.

In dealing with the treatment of the disease when once developed, Sir Grainger Stewart was not able to speak with the same fullness and confidence; but he recommended the trial, in any future epidemic, of intra-tracheal injections of solutions of menthol in olive-oil, with or without the addition of guaiacol. Further, he suggested that during epidemics of influenza such intra-tracheal injections might confer a degree of immunity upon persons exposed to the contagion. Finally, he expressed the hope that in the not distant future an antitoxin may be discovered which will have the property of destroying or neutralizing the poisonous products of the bacilli in the body, and thus preventing the secondary results to which much of the danger of the disease attaches.—*British Medical Journal*, August 4, 1894.

Insanity.—Dr. Blandford delivered the opening address in the Section of Psychology, taking Insanity for his subject. There seems to be little doubt that neurotic affections of all kinds are on the increase, and this is attributed to the greater demands that are made by the requirements of modern life upon the nervous system. The range of subjects to be acquired is constantly enlarging; the time that has to be given to their study is much longer; education is begun earlier and carried on to a more advanced period of life. It is, therefore, not surprising that when there is any weakness of the nervous system, when the nutrition of the physical basis of the mind is impaired, certain faculties should be deteriorated or lost, whilst others

are exaggerated, and that there should be some disturbance or even complete overthrow of their proper balance. It is in the highest degree important that every effort should be made to maintain the integrity of the nervous system and to prevent neurotic affections from becoming accentuated and intensified. The great attention that has been paid to athletic exercises in the young of both sexes of late years has been of incalculable value in this respect, by strengthening and rendering more stable the neuromuscular apparatus, and by preventing too continuous attention to purely scholastic work. But there still remains the important factor of heredity, and Dr. Blandford states that he has long been of the opinion that insanity is to be prevented chiefly by limiting the propagation of the disease through the union of affected persons. The questions, however, immediately arise, Who are the persons most likely to cause the disease in their descendants, and how are such people to be prevented from marrying? In regard to the first point he quotes the dictum of Sir B. W. Richardson to the effect that anything like continuous transmission of insanity comes through the male line and not the female. Dr. Blandford takes the precisely opposite view, and, from his own observations of inherited insanity, is inclined to hold that the taint is transmitted through the female rather than the male. However this may be, his opinion, broadly stated, is that no man or woman should marry who has had an attack of insanity.—*Lancet*, August 4, 1894.

Operative Treatment of Gastric and Typhoid Ulcers Associated with Perforation.—Mr. A. Pearce Gould, in opening a discussion on this subject, stated that the pathology of the perforating ulcer of the stomach and duodenum was still obscure. It was common in young and anæmic women of the servant class, and also in middle-aged men. It was usually single and situated on the lesser, and very rarely on the greater, curvature of the stomach. Its size was that of a sixpence or a shilling; it was of variable depth, the floor being formed either of peritoneum or possibly of a thickened area, up to the size of the palm of the hand. The symptoms for the most part were agonizing pain after eating, frequent vomiting, hæmatemesis, and melæna. At times the patient made no complaint, and was unaware of suffering any departure from health. In truth, the symptoms were no sure guide to the extent of the disease. In the majority of cases cicatrization took place, although in 25 per cent. perforation occurred. In 85 per cent. the perforation was on the anterior aspect of the organ opening into the peritoneal cavity. Young servant-girls were especially prone to anterior perforation. He disapproved of Billroth's recommendation of timely laparotomy, excision of the ulcer, and suture of the wound, unless it was possible to establish an exact diagnosis. The surgeon's duty consisted in the prevention or arrest of peritonitis. The only hope of doing good lay in cleansing the peritoneal cavity. Hitherto too much stress had been laid on suturing the rent in the stomach and too little on cleansing the peritoneum. The following measures should be adopted: (1) simple washing out of the abdominal cavity; (2) suture of the ulcer; and (3) where that was impossible, suture of the stomach to the abdominal pari-

etes. But he could not too often repeat that the success of these cases depended upon cleansing the peritoneum

Experience alone could decide the precise period when the operation should be performed. If too long a time were allowed to elapse, the peritonitis became general and intensified. Moreover, under these circumstances masses of lymph concealed the affected parts and interfered with the cleansing of the sac. The best site for the incision was in the middle line, as this gave the best access to the whole of the abdomen, while the seat of pain was no guide to localization. First among the fluids used for flushing he placed normal salt-solution, and then boiled water. He avoided acid or toxic solutions, and used the water hot, as he found it a powerful restorative. A vital step was the systematic flushing with a large exit-tube; where practicable he sewed up the ulcer, but attributed no particular advantage to paring or excising the ulcer. The stomach might or might not be washed out. The value of exploration with the finger was doubtful. When in doubt, drainage should be resorted to. If the collapse were not relieved by hot water, he practiced intra-venous injection. He read the notes of six successful cases of operation in perforating gastric ulcer. With regard to perforation in typhoid ulcers he had collected, excluding doubtful cases, seventeen cases of operation with one recovery. The steps of the operation were the same as those for gastric ulcer. Statistics show that there were from $2\frac{1}{2}$ to 3 per cent. of perforation in all cases of typhoid fever—most frequently occurring in the ileum, often multiple, sometimes so small as to allow no escape of intestinal contents. They usually took place during the third week, but cases were known as late as the sixty-sixth day. The symptoms may be very marked or quite latent. Death may close the scene in ten minutes; the patient rarely survives more than two days. Recovery was exceedingly rare. He concluded by saying that the truest wisdom was the wise selection of cases.

Dr. R. Maclaren, of Carlisle, in operating for gastric ulcer, preferred to make his incision in the left linea semilunaris, four inches in length, which allowed good access to the stomach. He emphasized the point that cleansing of the peritoneum was all important. The conditions of success were system, perseverance, and a patient not on the verge of death from collapse. A detail of much importance in after-treatment was rectal feeding. Again, if the patient were much collapsed, he did not believe much in flushing. He described fully his method of cleansing the peritoneal cavity. In his opinion the operative procedures in these cases were troublesome rather than difficult. For example, if the intestines were distended, more difficulty was experienced. Great mortality was, however, only to be expected. He mentioned a case, in which he had the advice of Dr. Heron Watson, where perforation occurred in connection with a typhoid ulcer. The only treatment adopted was that of making an incision over the cæcal region and inserting a drainage-tube. The patient, although desperately ill for some time afterward, made an excellent recovery.

Mr. Rutherford Morison, of Newcastle, related a case in which he had operated for gastric ulcer on a woman of 23. She had had a large quantity

of bread and milk for her supper, and one hour afterward was suddenly seized with acute pain. On examination the diagnosis was arrived at of gastric perforation, but one of the chief symptoms present was dullness in the flanks. The collapse was extreme. Two hours afterward the abdomen was opened in the middle line over the stomach and the omentum torn through, when a large quantity of fluid escaped, and an ulcer was found on the posterior wall of the stomach. Lembert's sutures were used. The abdomen was flushed out. The patient did well for five days, although there was great difficulty in managing her. Ultimately, however, she became very restless, passed into a collapsed condition, and died on the ninth day. He thought that the collapse at the time of operation in these cases was relieved by the operation and flushing of the abdomen. When the patient, however, was livid, any operation was certainly contra-indicated.

Mr. Gilbert Barling thought that some of the expressions of opinion with respect to these cases were too optimistic, especially so in regard to typhoid ulcers. His experience was limited to five cases. In three of these he operated; in the fourth he regretted that he had not operated, and in the fifth the patient vomited pus and passed a large quantity of pus per anum, but after a perilous time ultimately recovered. In one of the cases upon which he had operated recovery followed. He agreed that the less done in perforating typhoid ulcers the better.—*Lancet*, August 4, 1894.

UNITED STATES.

Association of American Physicians.

Ninth Annual Meeting, Washington, D. C., May 29 to June 1, 1894.

Treatment of Certain Symptoms of Croupous Pneumonia, Particularly in Adults.—Dr. Beverley Robinson, of New York, laid special stress upon the management of two symptoms of the first stage of the disease, namely, pyrexia and pulmonary congestion. He does not use the modern antipyretics, except in special cases. Phenacetin he regards as the best of these, for the reason that in addition to its antipyretic action it also induces sleep. The spirit of mindererus, potassium citrate, and magnesium sulphate he uses largely. Quinine, in doses of 2 to 4 grains (0.13 to 0.26 gramme) every three hours, is antipyretic. Cold sponging and cool baths are not especially efficacious; if the temperature of the patient is over 104° F. (40° C.), and the pulse is rapid and delirium is present, a tub-bath may be advantageously employed. He has seen bad results, however, following immersion in a tub-bath; sponging, with friction, is preferable. The advantage of the bed-bath is the avoidance of shock and exposure, and the ease with which it can be given. The bath should last from fifteen to thirty minutes, and is to be repeated whenever the temperature is over 103° F. (39.5° C.); prompt relief follows, the temperature falling to 100° F. (37.8° C.).

Aconite and aconitine act by diminishing the heart's action through its motor ganglia. The heart is slowed in a very alarming manner, and

may be arrested in diastole; $\frac{1}{150}$ grain (0.00043 gramme) of aconitine may produce serious results; hence he does not believe in its use. The administration of small and repeated doses of antimony oxysulphuret, $\frac{1}{32}$ grain (0.002 gramme) every hour or two hours, is much superior to the use of aconite. It renders the sputum more fluid, and therefore easier of expectoration, and in this way diminishes the dyspnœa. It is also well borne by the aged and by children It may be used in both the first and second stages of the disease. Nitroglycerin, by the mouth or, better, hypodermatically, in doses of $\frac{1}{50}$ or $\frac{1}{25}$ grain (0.0013 or 0.0026 gramme), is an excellent remedy in this disease. It strengthens the weak pulse, removes the cyanosis, and relieves the dyspnœa. Inhalations of oxygen in pneumonia usually give relief, but in some instances the dyspnœa is increased by its use. Especially in cases of general œdema have unfavorable results been noted. In failure of the right heart inhalations are, according to some authorities, of marked service, though the subject is still open for discussion. The abundant use of cold spring-water, Apollinaris, and other table-waters is of service in promoting diuresis and diaphoresis, and in this way reducing the abnormal temperature of the body. Alcohol is beneficial in many cases, not only on account of its nutritive value, but also because it aids the respiratory function. It also gives nerve-force, controlling the adynamia and nervousness. There are only two contra-indications to its employment, namely, when the patient is plethoric and when there is hepatic engorgement and gastric catarrh. In these cases, small and repeated doses of calomel will act in the most beneficial manner. Digitalis or digitalin in small doses may be given to control an irregular heart; otherwise either is not to be used, on account of inducing vascular contraction. Strychnine by the mouth or hypodermatically, from $\frac{1}{30}$ to $\frac{1}{16}$ grain (0.002 to 0.004 gramme), is a very useful drug; at times, however, it may produce nervous irritability. Nitroglycerin acts by bleeding from the veins into the arteries, in this way taking the place of the old method of bleeding, which was often followed by excellent temporary results. In cases of threatened heart-clot, venesection, followed by injections of salt-solution, may yield excellent results. Black coffee is of service when other remedies cannot be borne by the stomach, and may tide the patient over. Caffeine does not replace the use of coffee for the reason that it is merely an alkaloid, and does not possess the nutritive value of the coffee.

Dr. Peabody, of New York, remarked that pain, with insomnia and cough, is an urgent symptom of croupous pneumonia, that could be controlled by the use of small doses of morphine hypodermatically, as grain $\frac{1}{6}$ (0.01 gramme) repeated once or twice during the night. He objects to the too frequent use of water in reducing the temperature. He has very rarely found heart-clot as a pathological feature in this disease, and believes that many of the so-called cases of ante-mortem clot are in fact but post-mortem clots.

Dr. J. C. Wilson, of Philadelphia, believed that, owing to the varied clinical manifestations of pneumonia, the treatment must be largely expectant and symptomatic. Cold baths have not been satisfactory in his

hands. Local applications of cold to the chest have been advantageous in many cases. In sthenic cases, with delirium and other nervous manifestations, affusions of from one-half to one gallon of cold water, poured over the head and shoulders, will often act as the turning-point in the disease. Venesection proves beneficial in many cases of pneumonia by attenuating the toxæmia and removing from the blood a quantity of effete material. He indorses the use of small amounts of opium, as, *e.g.*, 2 or 3 grains (0.13 or 0.2 gramme) of Dover's powder, for from every two to four hours.

A Treatment of Typhoid Fever.—Dr. Samuel A. Fisk, of Denver, Colorado, advocated absolute rest in the treatment of this disease. If the patient is seen early in the disease one dose of calomel, 5 grains (0.32 gramme), is given at night, followed in the morning by a saline. The diet is restricted to milk, a tumblerful every three hours, peptonized, if necessary; or buttermilk is given. The following is also administered: Oil of turpentine, 4 minims (0.26 gramme); castor-oil, 4 minims (0.26 gramme); bismuth subnitrate, 10 grains (0.65 gramme); and mucilage of acacia, 1 drachm (4 grammes). With this he maintains a moist tongue, and, as it causes constipation, he gives from 2 teaspoonfuls to a tablespoonful of castor-oil every second morning. For the restlessness he gives a Dover's powder, 5 grains (0.32 gramme), or McMunn's elixir of opium, 10 minims (0.65 gramme). Water or ice is given freely. Antipyretics, including quinine, are absolutely interdicted. Whisky is always given. Strophanthus is preferred as a heart-stimulant. Brand's cold baths are never used, and tepid sponging is not often employed.

Dr. C. F. Folsom, of Boston, thought that the number of cases reported by Dr. Fisk was too small to generalize from. He believed that the cases included were mild ones, and doubted whether the medicine had much influence upon the result.

Dr. William Osler also thought that the treatment had had no influence upon the disease, and that the patients, evidently suffering from but a slight attack of the disease, needed no medicine, but would have recovered on the cold-water treatment and good nursing.

Raynaud's Disease.—Dr. Frederick P. Henry, of Philadelphia, made a clinical report of two typical cases of this disease. In one, hæmoglobinuria was present; and, in the second, scleroderma. He believes that neither endarteritis obliterans nor peripheral neuritis should be regarded as an etiological factor in the production of the disease. The theory of arteriospasm is most probably correct, and especially does he believe this, as the disease is most common in women and girls, in whom vascular spasm is most common. The hæmoglobinuria is due probably to the excretion by the kidneys of hæmoglobin that has exuded in the asphyxiated parts. Hæmoglobinæmia often exists without the co-existence of hæmoglobinuria. The relationship between Raynaud's disease and chilblains has recently been studied, and the query has been raised whether the two are not different stages of a single necropathic dyscrasia.—*Medical News*, June 2, 1894.

Congress of American Physicians and Surgeons.

Third Triennial Meeting, Washington, D. C , May 29 to June 1, 1894.

Chemical, Physical, and Bacteriological Studies upon Air over Decomposing Substances, with Special Reference to their Application to the Air of Sewers.—Dr. Abbott said that under ordinary circumstances the difference between the chemical composition of the air from sewers and that of the atmosphere outside was very slight, and that, contrary to general opinion, there were comparatively few bacteria. It was also very commonly, but erroneously, supposed that sewer-gas was under very decided pressure. Professor Chandler had collected abundant evidence to the contrary. There was, moreover, not a single conclusive demonstration that the air of sewers stood in an etiological relation to many diseases for which it was popularly supposed to be accountable. The fact that the air in sewers was not under pressure, as a result of decomposition of the sewage, together with the fact that sewers were far from being air-tight, showed that the air of sewers was not likely to be driven out of the sewers under any great pressure. But little was known as yet regarding the nature of the bacteria found in the air of sewers. Experiments had been made at the laboratory, under his direction, with a view to determining the effect of the breaking of gas-bubbles on the conveyance of micro-organisms through the air. After endeavoring to simulate the natural conditions, it was found that such bubbling had but little influence of this kind. Bubbling was not a frequent condition in sewers, and, even should it occur, it was hardly conceivable that this would result in the transfer of micro-organisms from the sewer through the various branches and pipes leading to the houses. Then, again, if many pathogenic bacteria were present in the air from the sewers, those who worked in the sewers would show it in the effect on their health.

The Effect of Sewer-Gas on the Production of Disease.—Dr. Abraham Jacoby, of New York, said the atmosphere was a favorable medium for germs. They tended, however, to fall to a low level, and hence might often be breathed by little children when taller persons would escape them altogether. The force of evaporation was not sufficient to lift the smallest micro-organisms from a moist surface, and consequently they could only gain access to houses by the action of an exceedingly strong draft of air, and not usually then. Dr. Andrew H. Smith had told him of an interesting series of cases of amygdalitis which had occurred in St. Luke's Hospital, New York, and had been promptly arrested on the substitution of an iron pipe for a defective brick sewer. Another series of observations of great importance had been undertaken under the direction of Dr. Hermann M. Biggs, of the New York City Board of Health. A thousand cases of pseudo-diphtheria occurring in New York from August 1, 1893, to April 1st of the present year had been carefully mapped out and studied, and it had been found that the spread of affections of the throat, especially diphtheria, was not at all related to a defective condition of the sewers. Diarrhœal disease had not been diminished by improvement in the construction of the sewers. The large number of cases of typhoid fever occurring in New

York City every fall were explained, in his opinion, by large importations of the disease with the annual return of the people from the summer resorts.

The speaker then reported a case which he believed illustrated the occurrence of direct cess-pool poisoning. He stated also that he had seen typhoid fever and outbreaks of dysentery occur in tenements where the water-closets were not in proper condition. Of all the medical testimony on the subject under discussion, perhaps the best was that given by Dr. Louis Fischer, in an article published in the *Medical Record* for January 28, 1893. Dr. Fischer had endeavored to show that diphtheria sometimes spread from floor to floor in tenements, following the line of the waste-pipes, and wholly avoiding families living on the opposite side of the house. In about 30 per cent. of his cases pathogenic bacteria were found. This, however only proved that such germs were ubiquitous. Of the specific germs, those of typhoid fever and dysentery appeared to be the least easily destroyed of all the micro-organisms found in sewers.

Sewer-Gas as a Cause of Throat Disease.—Dr. Beverley Robinson, of New York, thought it was a demonstrated fact that persons ill with diphtheria became more severely ill if compelled to inhale the air from sewers continually. In his opinion, if a person with catarrh of the throat and a tendency to inflammation of this region was exposed to sewer-gas, he would be liable to have an attack of inflammation. This he had seen time and again. The house-physician of the Willard Parker Hospital had recently informed him that, notwithstanding the large number of cases of diphtheria in that hospital, they had not been able to find the Lœffler bacilli in the air about the patients. It had recently been shown that many of the children in the Hospital for the Ruptured and Crippled had been going around the wards with the Lœffler bacilli in their throats, without showing any symptoms of diphtheria.

Dr. William H. Welch, of Baltimore, said that he had been agreeably surprised at the valuable additions which had been made to our knowledge of this vague subject by the present discussion. This was particularly true of the observations of Dr. Abbott and the statements made concerning the investigations of the New York Board of Health. The latter observations seemed to show that even diphtheria had no connection with the emanations from sewers. This left but little except the very vague and nameless condition ordinarily referred to by physicians as "sewer-gas poisoning."—*New York Medical Journal*, June 9, 1894.

Nephritis in its Surgical Aspects.—In considering suppurative pyelonephritis, or surgical kidney, Dr. E. L. Keyes stated that: 1. Healthy urine is sterile. 2. Purulent urine is always microbic. 3. Microbic infection takes place from within the body by a number of methods in the course of disease; it is often brought about by instrumental manœuvres on the part of the surgeon. 4. A healthy organism and vigorous bladder may cope successfully with microbic invasion, and rid itself spontaneously, or with a little aid, of all damage arising therefrom, showing little or even no inflammatory response. 5. A suitable condition of the patient's soil is essential

to the propagation and perpetuation of inflammatory phenomena upon the urinary tract, after microbic invasion. 6. This condition, intensified by traumatism and physical weakness, notably of the degenerative variety, is most intense when there is vesical distension with atony, and when the ureters are dilated and the kidneys involved in the changes incident to tension below, namely, atrophy and sclerosis above, with or without surface catarrh. 7. Under these circumstances surgical pyelonephritis is most likely to declare itself as a result of microbic infection from below (occasionally from above), in the course of suppurative disease or after operative interference. 8. Asepsis, antisepsis, and sterilization of urine are ends to be aimed at in genito-urinary surgery; but, like all other greatest goods, not yet attained in perfection. Much, however, can be done by local means in a prophylactic and curative way, little by internal medication, and possibly as much or more than by any other means by flushing the urinary passages with natural mineral waters.—*American Journal of Medical Sciences*, June, 1894.

Illinois State Medical Society.

Meeting at Decatur, May 15, 16, and 17, 1894.

A New Method of Gastrostomy.—Dr. Edmund Andrews, of Chicago, stated that impermeable stricture of the œsophagus necessitated making an artificial opening in the stomach, for the purpose of feeding the patient. In the old method an unexpected obstacle arose. Though the stomach received and digested the food put into it through the artificial opening, yet it was unable to propel it onward into the intestines, because, whenever it contracted for that purpose, the resistance of the pylorus was greater than that of the artificial orifice, and the chyme was forced out of the wound and lost; hence, the majority of the patients, ultimately, though slowly, died of starvation. Several plans have been devised to overcome this difficulty, notably those of Kocher, Alberti, and Wetzel. What is needed for permanency is the formation of a valvular canal with a lining of mucous membrane. The mucous membrane of the stomach is separated from the muscular coat by an exceedingly loose stratum of connective tissue. Dr. Andrews found that the mucous layer could be made to guide to and fro in a remarkable manner over the muscular coat. This exceeding looseness of the membrane greatly facilitates raising flaps from it to construct the valvular mucous canal. His procedure is as follows: External antisepsis is obtained as usual, but the preliminary washing out of the stomach cannot be performed on account of the stricture of the œsophagus. The external incision is made in the usual way, the stomach exposed and identified, and drawn out through the wound far enough to give freedom in handling. An incision is then made from near the upper border directly downward about two inches. Before this is done, however, provision must be made to prevent its fluids from getting into the peritoneal cavity by the careful placing of large sponges. As the patient has been prevented by the stricture from taking food, the contents will be found to be only the secreted fluids. The cavity is washed out with

warm boric-acid solution, and the edges of the incision secured against slipping back into the abdomen. The lower part of the anterior wall is raised, turned out through the incision and spread out flat. From the lower end of the cut two incisions are made through the loose mucous membrane, one to the right and the other to the left, each extending about three-fourths of an inch laterally from the lower end of the main incision. From the end of each of these two mucous-membrane incisions another cut is made downward through mucous membrane, parallel to the axis of the body and to each other for a distance of about one inch and a half. At the lower ends the two incisions are turned at a right angle toward each other, but not meeting, a separation of one-third of an inch being left between them. A female dog weighing forty-five pounds was subjected to this operation, April 5, 1894. There was no leakage of the contents of the stomach whatever. At the end of a month she was in robust health, and on being killed, May 4th, the valve in the stomach was found in good working-order, and readily pervious to tubes. There might be, in some cases, a contraction of the external or internal orifice of the channel, and hence after the tube is withdrawn it should be occasionally re-inserted to test the size of the channel, and, if necessary, to dilate it.

Atropia in Genito-urinary Disease.—D. J. L. Reat, of Tuscola, claimed that, in irritability of the bladder, where the desire to micturate comes on suddenly and very frequently, so that a patient is compelled to pass his urine every thirty or sixty minutes, the local use of atropia relieves the urgency of the case promptly. He recommended the use of Ludham's formula: ℞ Atropia, 1 grain (0.065 gramme); aconitine, 1½ grains (0.1 gramme); ol. tiglii, 2 drops; petrolati, 4 drachms (16 grammes). Apply as much as the size of a pea. Where the urethra is the seat of the trouble, he uses a forcible catheter with piston attachment, filling the eye of the instrument with the medicament, introducing it into the bladder, and pressing out the ointment as it is withdrawn.

Cauterization of the Nares and Accidents that may Follow.—Dr. E. F. Ingals, of Chicago, believed that, when properly done, this operation is quite as free from discomfort or danger as any other minor surgical procedure. Serious results were due to carelessness or inexperience upon the part of the operator, which induced him to make extensive wounds or to repeat burnings too frequently. He summarized his conclusions as follows: 1. It is important that antiseptic applications be regularly employed after cauterization of the nasal mucous membrane, and that the nostril be closed by cotton for several days, whenever the patient is out-of-doors, to prevent taking cold. 2. As a rule, at least two weeks should intervene between operations upon opposite sides, and three or four weeks between those on the same side. 3. No serious results are at all likely to follow cauterizations made in this way. 4. Practically, all cases of hypertrophic or intumescent rhinitis may be cured by this treatment, though occasionally portions of the turbinated body must be removed.—*Journal of the American Medical Association*, May 26, 1894.

Selections from Reports of Members of the Annual's Editorial Staff.

Denmark.

DR. HOLGER MYGIND,
REFERENT FOR DEN DANSK LITTERATUR VEDRØRENDE: ALMINDELIG KIRURGI, OPHTHALMOLOGI, LARYNGOLOGI, OTOLOGI, ANATOMI, HISTOLOGI, PHYSIOLOGI, DERMATOLOGI, SYPHILIDOLOGI, SAARSYGDOMME (TETANUS, HYDROPHOBI, ETC.).

Alle medicinske Bøger, Disputatser, Monographier, Tidsskrifter, etc., der adkomme i Danmark bedes sendt til DR. LEVISON,
(f. d. DR. MYGIND),
Norrevoldgade, 13,
Köbenhavn.

Presence of Bacteria in Ovarian Cysts.—PROF. O. BLOCH, of Copenhagen, reports the results of 40 ovariotomies performed by him. In 12 out of these cases the contents of the cysts were examined bacteriologically, with the following result: In 9 cases no bacteria were found, while in the remaining 3 microbes were present. Of this latter group 1 was a case of intra-ligamentary cyst with pus of offensive odor and containing streptococci and bacilli; the other case was an intra-ligamentary multilocular cyst with muco-pus containing cocci, which when cultivated showed a whitish-yellow color; the third patient had a parovarian cyst, the contents of which were dark-brown, blood-colored, and in which staphylococcus albus was found. In these 3 cases death occurred from septic peritonitis three to six days after the operation. Of the remaining 9 only 2 died, the one patient having besides a preperitoneal abscess and sugar and albumin in the urine, the other dying from embolism of the pulmonary artery. As far as the prognosis of ovariotomy is concerned, the author lays the greatest stress upon the general condition of the patient and the quality of the contents of the cysts. This cannot always be judged from the appearance, but only from bacteriological examination.—*Hospitals-Tidende*, Nos. 1–4, 1894.

Electrolytic Treatment of Tumors.—J. KAARSBERG, of Copenhagen, has tried treatment with electrolytic currents of very considerable strength in cases of different tumors. In eight cases of large, subcutaneous, cavernous angiomata he applied two or more needles connected with either electrode for a few minutes in different parts of the tumor, using a strength of 50 to 135 milliampères, the patient being under chloroform. The advantages of this method of treatment are: (1) that it is without any danger, (2) that there is no loss of blood, (3) that the loss of substance is very slight, and (4) that one or a few *séances* are sufficient. Kaarsberg also tried this method in cases of superficial angioma, the results being excellent, especially in cases of large subcutaneous angioma of the face in children. The cosmetic results, however, were not so satisfactory.

In four cases of fibrous growths of the naso-pharynx the author increased the strength of the current to 140–340 milliampères, generally using two steel needles (No. 10 Charrière), of which the one was introduced through the nose, the other through the mouth, each one being connected with each of the two poles. The patient was placed under chloroform, and the head lowered so as to prevent blood from flowing down into the trachea, the hæmorrhage often being considerable. During the after-treatment it was sometimes necessary to use the galvano-cautery or scissors to remove fragments which could not be reached by means of the needles. In all

cases complete recovery occurred after one or, at the most, two *séances*, and there has been no recurrence.

In two cases of inoperable cancer of the breast death took place from recurrence, but the examination showed that the tissue of the axilla treated by electrolysis was transformed into firm connective tissue, free from all traces of cancer except around the sheaths of the nerves, and the author is inclined to think that recovery would have been permanent if the electrolytic treatment had been instituted before the growth had invaded the nerves. In a third case of inoperable cancer of the breast recurrence has not taken place for three years. In the three cases mentioned the strength of the current applied was enormous, once reaching 680 milliampères. Before commencing the treatment with currents of such great strength, the author made experiments on rats and dogs. The highest strength which could be obtained was 760 milliampères; this current a large dog was able to stand without showing any ill effects.—*Hospitals-Tidende*, Nos. 6–8, 1894.

Lichen Simplex Acutus (Vidal).—Of this rare skin disease, described by Brocq under the name of prurigo simplex acutus, Dr. Rasch, of Copenhagen, describes a typical case occurring in a woman aged 22 years, appearing about three weeks after vaccination. The eruption of the small, conical, red papules commenced on the forearms, spreading to the hands, leaving, however, the fingers free. On the trunk and knees a few papules were also present. Three weeks later the skin was entirely normal.—*Hospitals-Tidende*, No. 13, 1894.

Hemianopsia in General Paralysis.—PROFESSOR KNUD PONTOPPIDAN, of Copenhagen, is of the opinion that hemianopsia is much more frequent in cases of focal brain disease than is generally assumed, and states that he finds this symptom more and more frequently, in cases of recent apoplexy, the more thoroughly he examines the patients. As a proof that hemianopsia may also appear in cases of general paralysis of the insane during the apoplectic attacks of the disease, he quotes the following case: A man, aged 47 years, who for ten years had exhibited undoubted symptoms of general paralysis, was brought to the Copenhagen Municipal Hospital suffering from apoplexy, with hemiepileptic convulsions. The left side of the face and the extremities of the left side were paralyzed, but were the seat of frequent rhythmical spasms which now and then extended to the right side of the face and to the right arm. Four days later the convulsions disappeared, and the senses began to clear; there was then complete hemianopsia of the left side. This symptom disappeared three weeks later, the paralysis meanwhile disappearing almost entirely.—*Hospitals-Tidende*, No. 15, 1894.

Iodoform Psychosis.—TH. OLDENBURG, of Copenhagen, relates the case of a woman, aged 51 years, who for the last twenty years had been subject to epileptic fits without exhibiting any signs of disturbance of the mind. After having been treated for twelve days with a 10-per-cent. strong iodoform ointment for a burn of the hand, she exhibited symptoms of acute derangement of the mind, with hallucinations, lasting for about a month.

During the first days there was a strong reaction of iodoform in the urine, which also contained small quantities of albumin. Both disappeared a few days later.—*Hospitals-Tidende*, No. 18, 1894.

A Case of Diffuse Periencephalitis and Disseminated Sclerosis of the Brain in a Boy aged 10, with Congenital Syphilis. Death from Acute Yellow Atrophy of the Liver.—DR. E. JACOBSON, of Copenhagen, describes a very interesting case of a boy, aged 10, in whose parents no history of syphilis could be traced, but who had a sister with chorio-retinitis of the kind usual in hereditary syphilis. At the age of 4 years the patient was attacked with paresis of the left arm and leg, and of the inferior branch of the left facial nerve, which symptoms soon disappeared under treatment with iodide of potassium. When 9 years old the boy, who had meanwhile been perfectly well, began to suffer from parenchymatous keratitis of both eyes, for which disease he was treated with daily inunctions of 3 grammes (45 grains) of unguentum hydrargyri, this treatment having been instituted about seven weeks before his death After forty-nine inunctions the patient became icteric, and later on delirious, without any increase of temperature, death taking place with foaming at the mouth, shrieking, etc. The post-mortem examination revealed thickening of the pia, which was everywhere adherent to the brain. In the gray and white substance numerous gray indurations were scattered about, the largest being of the size of a hazel-nut; microscopically, these indurations were proved to consist of fibrous tissue, partly originating from the vessels and partly from the neuroglia. The liver was the seat of acute atrophy,—a condition which the author is inclined to consider as the result of mercurial poisoning.—*Hospitals-Tidende*, No. 17, 1894.

Malign Tumors of the Kidney.—THORKILD ROVSING, of Copenhagen, makes a contribution toward the diagnosis and treatment of malign tumors of the kidney, based upon 7 cases observed by him, of which 5 were operated upon. Of these 5, in all of which nephrectomy was performed, death occurred in 3 shortly after the operation, while 2 recovered. In 1 of these 2 latter cases death occurred three years after the operation, from local recurrence, the primary growth being a round-celled sarcoma. The other patient, a man aged 59, with a spindle-celled sarcoma, was free from recurrence when observed one year after the operation. In both these cases no tumor of the kidney was to be discovered by means of palpation, while in the remaining cases a large tumor could be felt. The author, therefore, thinks that tumors of the kidney which have reached such a size as to be distinctly palpable are generally not worth operating upon, the operation itself being dangerous and the radical removal exceedingly difficult. The early diagnosis is, then, of utmost importance, and should be based upon (1) a careful examination of the history of the case; (2) a thorough microscopical examination of the urine (in 3 cases observed by Rovsing the microscopical examination of the urine revealed the presence of elements of the growths); (3) palpation during narcosis (the least reliable of all means of examination); and (4) direct exploration by means of lumbar incision. Finally, the author calls attention to the fact that malign tumors of the kidney most frequently have their

primary seat in the upper part of the kidney.—*Hospitals-Tidende*, Nos. 20–22, 1894.

Foreign Body in the Tympanum; Removal; Tetanus.—E. SCHMIEGELOW, of Copenhagen, reports a case of a boy, aged $3\frac{3}{4}$ years, who, eleven days previously, had got a small stone into the left ear. Several medical men had in vain tried to extract the foreign body, which had caused a purulent discharge. The author removed the stone, which was firmly lodged in the tympanic cavity, by loosening the outer ear and removing the posterior and superior wall of the osseous meatus externus. Twenty-four hours after the operation slight rigidity of the muscles set in, and thirty-six hours later typical tetanic convulsions developed, from which the child died five days after the operation. The author considers it beyond doubt that the infection was caused by the foreign body itself.—*Ugeskrift for Læger*, No. 11, 1894.

Foreign Body in the Gullet; Subhyoid Pharyngotomy; Recovery.—The foreign body removed by E. SCHMIEGELOW, of Copenhagen, consisted of a plate of India rubber, with an artificial tooth, 4 centimetres long and 3 centimetres broad, which had been lodged in the æsophagus of a peasant, aged 38 years, for four weeks. The symptoms caused were sudden fits of suffocation during the night, the India-rubber plate being missed the following day. There was considerable dysphagia.—*Ugeskrift for Læger*, No. 14, 1894.

Norway.

DR. HOLGER MYGIND,
REFERENT FOR DEN DANSK LITTERATUR VEDRØRENDE: ALMINDELIG KIRURGI, OPHTHALMOLOGI, LARYNGOLOGI, OTOLOGI, ANATOMI, HISTOLOGI, PHYSIOLOGI, DERMATOLOGI, SYPHILIDOLOGI, SAARSYGDOMME (TETANUS, HYDROPHOBI, ETC.).

Alle medicinske Böger, Disputatser, Monographier, Tidsskrifter, etc., der adkomme i Danmark bedes sendt til DR. LEVISON,
(f. d. DR. MYGIND),
Norrevoldgade, 13,
Köbenhavn.

Castration for Hypertrophy of the Prostate.—RAMM, of Christiania, successfully castrated two patients for hypertrophy of the prostate, a third patient dying from pyæmia a fortnight after the operation. He advances the following conclusions, based upon his own and other investigations: (1) the prostate belongs to the genital organs; (2) it retains its infantile size in cases of malformations of the genital organs and in castration before puberty; (3) it shrinks in adults after castration; (4) an hypertrophied prostate shrinks after castration, the diminution of volume beginning a few days after the castration and continuing later on; (5) this diminution of volume is of therapeutic importance in cases of dysuria caused by mechanical obstruction from an hypertrophied prostate.—*Norsk Magazin for Lægevidenskaben*, No. 3, 1894.

Pathological Modifications of the Ganglion Cells of the Central Nervous System.—H. HOLM, of Christiania, divides these pathological modifications into two groups, viz., the acute and the subacute or chronic degenerations. Belonging to the former category are: (1) the colloid degeneration, occurring during inflammations and in the neighborhood of cerebral foci; (2) the fatty degeneration, occurring especially in cases of paralysis; (3) the calcareous degeneration, occurring close to apoplectic foci; (4) the granular degeneration in cases of myelitis and ascending neuritis; and (5) the vacuo-

lization, which the author considers as the result of modifications during life from sporadic fatty degeneration, and thus not an independent form. The chronic forms are: (1) the pigment degeneration, pathological in young individuals, but physiological in aged persons, occurring in certain cases of paralysis; (2) depigmentation and absorption of the chromatic substance, occurring in nearly all forms of mental disease; and (3) sclero-atrophy, most frequently a secondary condition to fatty or colloid degeneration, and rarely primary, as in senile dementia.

Auto-inoculation of Indurated Chancre.—S. HOLTH, of Drammen, Norway, reports three cases of auto-inoculation of indurated chancre. In the first case a sailor, aged 20 years, presented himself with a sclerosis of the internal lamina of the prepuce, a maculo-papular exanthema of the trunk and extremities, and an indurated ulceration, of the size and the shape of a bean, occupying the inferior part of the right superior eyelid, extending to a part of the conjunctiva tarsi. The patient related that the ulceration of the eyelid had developed after a foreign body had lodged in the eyelid for about a week, the patient constantly rubbing the eye with his fingers, which he also employed to feel whether the ulceration on the prepuce had become indurated. The second case was observed by Dr. C. Boeck, of Christiania, in a man, aged 26 years, who had scratched himself with his nails on the chest while suffering from an indurated chancre in the sulcus coronarius and roseola of the trunk; a hard chancre appeared on the chest. The third case was that of a peasant, aged 25 years, who had two small indurated ulcerations of the sulcus coronarius. While these two ulcerations were healing, the patient, without any fresh infection, contracted a new indurated ulceration close to the two old ones. No roseola had as yet developed.—*Norsk Magazin for Lægevidenskaben*, No. 5, 1894.

Russia.

DR. J. DRZEWIECKI,

РЕДАКТОР-КОРРЕСПОНДЕНТ изъ области русской литературы, касающейся: Общей медицины и терапіи, педіатріи, акушерства, гинекологіи, ларингологіи, отологіи, гигіены, демографіи, судебной медицины, гистологіи, бактеріологіи, анатоміи и физіологіи.

Всѣ періодическія, медицинскія изданія, сочиненія, статьи, монографіи и т. д., изданныя на русскомъ языкѣ и касающіяся вышеупомянутыхъ предметовъ, должны быть адресованы на имя

ДРА ДРЖЕВЕЦКАГО.

87 Краковское Предмѣстье, Варшава.

Thiosinamine in Lupus and Psoriasis.—L. S. MARTENS concludes, as the result of personal investigation, that thiosinamine will not cure lupus, but is sometimes valuable as an adjuvant to other treatment. Its internal administration is followed by the same results as hypodermatic injections. It is undoubtedly possessed of diuretic properties.—*Vratch*, Nos. 12, 13, 14, 1894.

Microbes on the Skin of Patients.—G. T. MARKOW, has studied this subject and finds a considerable number of lower vegetative organisms on the skin of all individuals, the greatest number being observed in patients with rough, hairy, and sweaty skin, and in those who have used Roman baths for a long time without subsequent bathing in fresh water. He therefore urges that ablutions of fresh water be insisted upon after Roman baths.—*Vratch*, No. 13, 1894.

Detection of Tubercle Bacilli in the Sputum.—I. STERLING has convinced himself, by numerous experiments, of the superiority of Ketel's method of examining the sputum. This is as fallows: Into a bottle containing 100 cubic centimetres is poured 10 cubic centimetres of water, 6 cubic centimetres of carbolic acid, and 10 to 15 cubic centimetres of the sputum to be examined. The bottle is corked and well shaken, diluted with 100 cubic centimetres of water, again shaken and poured into a glass tube. After standing from twelve to twenty-four hours the sediment is examined in the usual manner, the elastic fibres being readily detected.—*Gazeta Lekarska*, No. 7, 1894.

Foreign Body in the Uterus.—JACOBSON adds another case of this kind to the seventeen already recorded in literature. A woman in abortion due to a fall, introduced a hairpin into the uterus. It remained there for three weeks, causing a pricking pain, and was removed after dilatation of the cervix by a laminaria tent. Recovery was normal.—*Nowiny Lekarskie*, No. 2, 1894.

Hypnotic Action of Trional.—CHARLES RYCHLINSKI administered this drug one hundred times to fourteen nervous and insane patients. In some cases he found the action of the drug to be comparable to that of sulphonal, chloral hydrate, and sulphate of duboisine. The dose used was from 0.5 to 4.0 grammes (7½ to 80 grains). He regards the drug as especially valuable in functional disorders of the nervous system, exerting no untoward influence, even on patients with cardiac affections. It dissolves readily in hot tea or milk, and is without taste. There are no unpleasant symptoms upon awakening, and the dose required to cause sleep is less than that of most drugs. For these reasons the author prefers it to all other hypnotics.—*Kronika Lekarska*, No. 2, 1894.

Clinical Notes.

A New Parasite in the United States.—DR. H. B. WARD, of the University of Nebraska, has recently discovered in the lungs of a cat some encysted flukes, which, after careful study, proved to be *Distoma Westermianni*, a fluke first observed by Baelz, in 1878, in a Japanese, and hitherto not observed in America. Dr. Charles Wardell Stiles gives a description of the worm, which may be of interest to physicians and place them on their guard for its possible occurrence in the lungs of their patients.

Length, 8 to 10 millimetres; breadth, 4 to 6 millimetres; body thick, plump, reddish-brown (fresh) to slate (preserved) in color; oval to elongate in form, transverse section generally round, rounded anteriorly, somewhat attenuated posteriorly; oral sucker small (0.75 millimetre), subterminal; ventral acetabulum slightly larger and situated slightly anterior to the middle of the body; cuticle covered with broad, scale-like spines; genital pore immediately posterior to acetabulum near the median line; œsophagus very short, so that the bifurcation of the intestine is considerably anterior

to acetabulum; intestinal cæca run irregularly some distance from each other to the posterior extremity. *Male organs:* Cirrus and cirrus-pouch absent; ductus ejaculatorius straight; testicles tubular, ramified, nearly symmetrically situated in the posterior portion of body. *Female organs:* Ovary branched, lateral, somewhat posterior to acetabulum; on the opposite side of the median line, at about the same height, is situated a lobate shell-gland and a rather short, massed uterus, the folds of which extend ventrally of the shell-gland; vitellogene glands lateral, well developed, extending from the anterior to the posterior extremity; vitelline reservoir large; Laurer's canal present; eggs oval, 0.08 to 0.1 millimetre long by 0.05 broad, yellow and with a thin shell. Miracidium ciliated, develops after eggs escape from their host. Sporocyst, redia, and cercaria not known.

This worm is found in the small bronchi or in cysts situated at their periphery. The cysts in question attain the size of a hazel-nut; they contain a reddish material formed of mucus, blood-corpuscles, *débris* of lung-tissue, and the distomes. Their wall is indurated, and they communicate with the bronchi only through small orifices by means of which the eggs escape. Individuals infested with these parasites show certain symptoms which may be summarized as follows: Cough light or absent; sputa of a rusty or slightly yellowish color, owing to the presence of the brown eggs; occasionally hæmorrhages, which continue irregularly during several years. This affection, known as "parasitic hæmoptysis" or simply "pulmonary distomatosis," seems to be quite comman, especially in Formosa, where 15 per cent. of the population are affected with it, and in Japan. It does not appear to be incurable, and seems to be serious only in exceptional cases. A microscopical examination of the sputa will reveal the presence of the fluke-eggs, and thus give a positive diagnosis.—*Johns Hopkins Hospital Bulletin*, May, 1894.

Fistula in Ano.—Dr. John E. Platt has analyzed 76 cases of this affection treated by him, and concludes that fistula is very much more common in men than women, only 8 of the 76 cases being females. The great majority occurred between the ages of 20 and 50 years, only 4 being under 20 years. There were definite signs of phthisis in 21 (28.7 per cent.) and a family history of consumption in 5 or 6 others who themselves showed no sign of the disease. As pointed out by Allingham, phthisical fistulæ usually present certain well-marked characteristics. The internal opening is large and open, being often large enough to admit the tip of the finger. The external opening is also large and irregular, its edges livid and flapping, and the surrounding skin undermined. The discharge is thin, watery, and curdy; the sphincter muscles are weak, the ischial tuberosities are prominent from wasting of the fat in the ischio-rectal fossæ, and the hairs of the part are long, soft, and silky.

He calls attention to the necessity of carefully exploring the fistula and laying it open. He met with many cases which would not heal because this measure had been neglected. If the track be lined with indolent granulations of low vitality, these should be scraped away with a Volkmann spoon. This is especially necessary in phthisical subjects. The cases should be

carefully watched after operation, until the wound is perfectly healed. Phthisical fistulæ require a longer time, after operation, for healing than non-phthisical fistulæ, the average time required being nine and seven weeks respectively. The bad results said to occur after operation in phthisis are almost, if not quite, non-existent. Operation can be performed with safety and with good results in a larger number of cases than is usually supposed. The activity of the lung disease should determine the question of operating. If this is great, operation should not be undertaken unless the fistula is the cause of much pain and distress. If the phthisis is comparatively quiescent, the results of operating may be good. Cavitation of the lungs is not an absolute contra-indication to surgical treatment of the fistula, which is often followed by improvement in the general health.—*Medical Chronicle*, June, 1894.

Diagnosis of Giant-Cell Tumor of Femur.—M. Jaboulay remarks upon the frequency with which malignant sarcoma of the lower end of the tibia or femur is mistaken for femoro-tibial osteo-arthritis. The rapid evolution of the tumor soon removes all doubt. A giant-cell tumor occupying the centre of the lower extremity of the femur grows slowly, is deep-seated, hidden under a bony, fibrous, or cartilaginous covering, and causing no reaction in the surrounding tissues. The articulation of the knee is healthy, seldom or never being involved; pain is intense and progressive, compelling the patient to remain quiet and to keep the limb immovable; and the location of this pain naturally causes a suspicion of femoral tuberculosis. One should not await the evolution of the growth in order to form a diagnosis; for a central tumor will not invade the tissues surrounding the femur; if it grow at all it will involve the medulla of the bone itself. To verify the diagnosis, the mobility of the knee and the extent of the movements must be tested under anæsthesia. In the presence of a doubtful affection of the femoral condyle, the bistoury should be used early. The author regards giant-cell tumors as benign, and, if not too extensive, extirpation and curettage are sufficient treatment.—*Lyon Médical*, June 10, 1894.

Legal Responsibility in the Transfusion of Blood.—The civil tribunal of the Seine has recently been called upon to pronounce a verdict in the following case: Monsieur L. being seriously ill, it was decided to practice transfusion, the blood being very willingly offered by his gardener. The operation was performed by M. Périer, and the gentleman recovered. Shortly afterward, however, the gardener fell ill, and, attributing his illness to the loss of blood, claimed damages. Experts were named (Drs. Laugier, Delens, and Vibert), but pending their decision the man died. At the autopsy it was found that the cause of death was cancer of the stomach. The experts declared, naturally, that the blood-letting could not have been the cause of death; but they believed (and this seems less natural) that the cancer did not exist at the time of the transfusion. The tribunal dismissed the complaint against Monsieur L.

The interesting feature of the case, from a scientific stand-point, is the ultimate result of the transfusion into the patient of blood which, if not taken from a case of active cancer, was at least in the developmental stage. —*Bulletin Médical*, June 10, 1894.

Syphilitic Infection of a Mother by her Child.—Dr. J. A. Coutts, Physician to the East London Hospital for Children, gives at length the particulars of a case in which, in spite of generally accepted opinions, he believes that the infant, born with hereditary syphilis, infected a healthy mother. The first attack in the child was mild, and occurred at the age of 3 weeks, followed at 6 months by a severe relapse of the first attack. The mother acquired what were seemingly primary chancres in the breast soon after the appearance of the sores on the infant's mouth, followed in seven weeks by unmistakable signs of secondary syphilis. Drs. Donkin and Ware and three other observers of great experience in syphilis coincided in the opinion that the child suffered from inherited and the mother from primary and secondary syphilis. The weak points in the case are that there was absence of any proof of syphilis in the father, and that the mother had given birth previously to four healthy children and had had no miscarriages. The father had, however, in former years, placed himself in the way of infection, and the early manifestations may have been so slight as to be overlooked, the poverty and privation incidental to two years of want of work intensifying any suppressed venereal taint. Coutts believes that the state of health of the parents has more to do with the condition of the child than the length of time elapsed from the period of infection. The possibility of accidental inoculation of the child was excluded.—*Lancet*, June 9, 1894.

Results of Removal of the Ovaries.—Dr. John Phillips, of King's College Hospital, showed an instance of the unfortunate results which sometimes occur even after the removal of diseased ovaries. At the age of 30, five years ago, both ovaries were extirpated, being cystic and cirrhotic, and amply justifying removal. The patient made an easy and immediate recovery. Since the operation she has violent ovarian pain at varying intervals of from four to six months, with flooding, lasting about ten days and completely prostrating her. Sickness and frontal headache accompany these attacks. Swelling and pain in the left breast occur periodically, the glands only seeming to be involved. When free from these conditions, the patient frequently awakens in the morning to find the entire conjunctiva on the left side of a blood-red color. This disappears gradually in a week or ten days. In addition the ordinary signs of the menopause have now become apparent. The case indicates, according to Dr. Phillips, that removal of the ovaries should not be undertaken without grave consideration, and that the patient should always be made to understand the risk and the possible consequences.—*Clinical Journal*, June 13, 1894.

Removal of Superior Maxillary Bone.—Dr. J. E. Garretson, in removing the superior maxillary bone in a case of sarcoma in a young woman of 19 years, recently made use of Dournot's surgical engine, which he regards as faultless. The velocity given a bur by this engine is from 10,000 to 15,000 a minute, while the power is sufficint to drill into stone. To expose the maxillary bone Dr. Garretson made a simple division of the upper lip in the median line, carrying this below and across the ala. He then extracted the teeth, thus obtaining access to the bone. With a large bur attached to the hand-piece of the engine, he ground away the entire jaw

from its bed, leaving the soft parts open to examination. The patient sat up after a few days and left hospital within a week, the cut in the lip being scarcely perceptible beyond a few feet.—*Times and Register*, May 26, 1894.

Cancer Houses and their Victims.—Dr. d'Arcy Power, in commenting on Mr. Shattock's recent statement that cancer, like tubercle, may repeatedly show itself in certain houses, adds a series of cases of his own illustrating this point. Miss B., aged 45, lived in a certain house in the suburbs of London for thirteen years and died of cancer of the stomach in 1884. Miss T., aged 47 years, who had lived in the house for twenty years, then occupied her bedroom, and died of cancer of the liver in 1885. Mrs. J., aged 67 years, who had lived in the house for eight years, now occupied the bedroom, and died of cancer of the breast and uterus in 1893. Each of these patients appeared to be in perfect health until they took one another's place as housekeeper to the barmaids of the establishment in which they had each lived for so long a time. There was no blood relationship between them. One of the sons of the house, a nephew of Miss T., has a keloid which has been removed three times.—*British Medical Journal*, June 9, 1894.

Recent Suggestions in Therapeutics.

Cancer of the Stomach.—*Chlorate of sodium*, 8 to 16 grammes (2 to 4 drachms) daily, beginning with 8 grammes (2 drachms), increasing amount until vomiting and hæmatemesis have ceased; mix drug with water, 100 grammes ($3\frac{1}{4}$ fluidounces), giving teaspoonful doses. More than 16 grammes (4 drachms) in twenty-four hours not to be given, lest bulbar accidents occur. Albuminuria a contra-indication. (Brissaud, *Gaz. Méd. de Strasbourg*, May 1, 1894.)

Cooling Lotion for Pruritus.— ℞ *Liquoris ammonii acetatis*, 2 fluidounces (62 grammes); *acidi hydrocyanici diluti*, 1 fluidrachm (4 grammes); *spiritus rectificati*, 3 fluidrachms (12 grammes); *aquæ rosæ*, ad 8 fluidounces (248 grammes). To be applied locally. (*London Practitioner*, July, 1894.)

Cystitis in the Female—Acute Form.—*Morphine hydrochlorate*, *cocaine hydrochlorate*, each 0.01 gramme ($\frac{1}{6}$ grain); *extract of belladonna*, 0.005 gramme ($\frac{1}{12}$ grain); *cacao-butter*, 3 grammes (46 grains). Make one suppository. Give every four hours until pain and tenesmus cease. If insomnia, give rectal injection containing *chloral hydrate*, 4 grammes (1 fluidrachm); 1 *yelk of egg; water* or *milk*, 150 grammes ($4\frac{3}{4}$ fluidounces). *Poultices*, *sitz-bahts*, *hot fomentations*, etc., preferable to general treatment during acute period.

Chronic Form.—If inflammation and pain have subsided, introduce elastic or glass sound, to which adapt syringe holding 100 to 150 grammes ($3\frac{1}{4}$ to $4\frac{3}{4}$ ounces), using following for injection: *Boric acid*, 40

Cystitis in the Female—Chronic Form (*continued*).
grammes (1¼ ounces); *biborate of sodium*, 5 grammes (1¼ drachms); *distilled water*, 1 litre (quart). Inject 50 grammes (1½ fluidounces) each time, or, if bladder be irritable, 30 grammes (1 ounce). Follow with injection of 150 grammes (4¾ fluidounces) of warm water, to which is added 1 teaspoonful of following emulsion: *Powdered iodoform*, 30 grammes (1 ounce); *glycerin*, 40 grammes (1¼ ounces); *distilled water*, 20 grammes (5 fluidrachms); *gum tragacanth*, 0.25 gramme (4 grains); also institute general treatment, *pichi*, *buchu*, etc., as indicated. If pus in urine, give following: *Benzoic acid*, 1 gramme (15½ grains); *orange-flower water*, 50 grammes (1½ fluidounces); *boiled water*, 900 grammes (29 fluidounces); *sugar*, 100 grammes (3¼ ounces); 1 glass between meals. (Lutaud, *Journal de Méd. de Paris*, July 22, 1894.

Depilatory for Surgical Operations.—To remove hair from scalp, peri-anal, or scrotal region, without using razor, cut hair off with scissors, then apply paste made of *sulphohydrate of calcium*, mixed with a little water. Make layer 1 millimetre thick. No pain or erythema. In less than ten minutes hair can be rubbed or washed off, to grow again in several days. (Annequin, *Médecine Moderne*, July 28, 1894.)

Delirium Tremens.—Immediately on admission of patient to hospital, *calomel* purge, with 20 grains (1.3 grammes) of *trional* mixed in water, and 10 minims (0.65 gramme) *tincture of capsicum* to hasten absorption. If condition warrant, hot bath, gradually lowering temperature. Patient then placed in bed in well-ventilated room, restrained with sheets and shackles. If no signs of abatement in delirium, 10 grains (0.65 gramme) *trional;* if no effect in an hour, 20 grains (1.3 grammes) more. In twenty-five cases so treated sleep followed administration of 50 grains (3.20 grammes) and pulse and respiration were stimulated. (Russell Bellamy, Bellevue Hospital, in *New York Medical Journal*, July 21, 1894.

Follicular Tonsillitis.—If seen early and no complications, Dr. Sajous's abortive treatment,—*ammoniated tincture of guaiac*, 1 teaspoonful every two hours in sweet milk. If seen later, *calomel*, 10 grains (0.65 gramme); *soda bicarb.*, 20 grains (1.3 grammes). M. ft. chart. no. iii. One every three hours floating on teaspoonful of water. No liquid after for twenty minutes. Follow with 1 or 2 teaspoonfuls of *castor-oil* with 10 to 15 drops of *turpentine* every hour (for first twelve hours) excepting hour of powders. Gargle and swallow teaspoonful of saturated solution of *sulphate of sodium* (C. P.). When powders are finished and worked off by *castor-oil*, alternate *sodium sulphate* with *pot. chlorat.*, 1 drachm (4 grammes); *ammon. mur.*, 1 drachm (4 grammes); *tinct. ferri mur.*, 4 drachms (16 grammes); *glycerini*, 1½ ounces (46.5 grammes); *syr. limonis*, 2 ounces (62 grammes). M. Teaspoonful as a gargle and systemic remedy. Reduce all doses for children and dispense with gargles. (C. C. Slagle, *Therapeutic Gazette*, June 15, 1894.)

Furunculosis.—*Beer-yeast*, 2 to 3 tablespoonfuls daily before meals, in glass of beer. In recurrent cases, treatment should be prolonged for fifteen days. Only inconvenience, diarrhœa, which is rare. (Debouzy, *Repertoire de Pharmacie*, July 10, 1894.)

Hæmorrhage After Tonsillotomy.—Mix together *tannic acid*, 3 parts; *gallic acid*, 1 part; add a *few* drops of water. Knead powder until it is a *hard* mass; take from it sufficient to form a ball the size of a small marble. Place this on forefinger of hand corresponding to side of patient from which hæmorrhage occurs, and introduce into patient's mouth, rubbing it firmly against bleeding surface, making counter-pressure with palm of other hand on side of head over region of tonsil. (Mark Hovell, *Clinical Journal*, July 11, 1894.)

Hæmorrhoids.—Cleanse bowels thoroughly with repeated irrigations of *salicylic-acid* solution. Introduce into the rectum a suppository containing 2 grains (0.13 gramme) of *cocaine*, and from $\frac{1}{4}$ to $\frac{1}{3}$ grain (0.016 to 0.02 gramme) of *morphine*, about fifteen minutes before operation. If patient is extremely sensitive, inject 1-per-cent. solution of *cocaine* into different portions of mucous membrane immediately before operation. Bring tumors into view by introducing *iodoform-gauze* tampon through small speculum. Inject saturated solution of *iodoform* in *ether* into cellular tissue adjoining each nodule. Injecting on both sides of latter causes formation of scar-tissue and shrinking of circumvenous tissue. Now substitute suppository containing 2 grains (0.13 gramme) *salicylic acid* for gauze tampon. Give *bismuth* and *opium* to prevent movement of bowels. On third day inject 2 ounces (62 grammes) of *olive-oil* into rectum, giving *castor-oil per os*. During subsequent weeks, bowels should be kept loose. Treatment successful in eight cases. (Carl Beck, *New York Medical Journal*, July 21, 1894.)

Lemonade for Diabetics.—*Pure water*, 1000 grammes (1 quart); *pure glycerin*, 20 to 30 grammes ($\frac{2}{3}$ to 1 ounce); *citric acid*, 5 grammes ($1\frac{1}{4}$ drachms). To be taken in small quantities within twenty-four hours. (*Journal des Praticiens*, May, 1894.)

Local Anæsthetic Solution.—*Cocaine hydrochloride*, *resorcin*, each 16 grains (1.04 grammes); *distilled water*, 2 ounces (62 grammes). Does not cause systemic disturbances sometimes produced by cocaine alone. (J. H. Lowrey, *New York Medical Journal*, July 21, 1894.)

Lubrication of Catheters.—To facilitate exploration of bladder and urethra: *Powdered soap*, 50 grammes ($1\frac{1}{2}$ ounces); *glycerin* and *water*, each 25 grammes ($6\frac{1}{2}$ fluidrachms); *mercuric perchloride*, 0.02 gramme ($\frac{1}{3}$ grain). (Guyon, *Lancet*, July 28, 1894.)

Malakine in Rheumatism.—Dose in acute articular form, 6 grammes ($1\frac{1}{2}$ drachms) in twenty-four hours. As much as 10 grammes ($2\frac{1}{2}$ drachms) may be given without danger if doses be sufficiently divided. Increases diuresis, facilitates elimination of uric acid, and lowers temperature. No untoward effects. (Montagnon and Ducher, *Loire Médicale*, July 15, 1894.)

Malarial Cachexia.—℞ *Quiniæ sulphatis*, 1¼ drachms (5 grammes); *ferri sulph. exsic.*, 1 drachm (4 grammes); *acid. arseniosii*, 2 grains (0.13 gramme); *ext. gentian*, q. s. ut ft. mass. M. et div. in pil. no. xl. Sig.: 1 three times daily after meals. To be taken continuously for *not less* than twenty-eight days. In severe, protracted, or advanced cases, 5 grains (0.32 gramme) of *quinine* every morning in connection with above pill for first ten or fourteen days. Should fever supervene, pill may be suspended for two or three days and 5 grains (0.32 gramme) of *quinine* given three or four times daily, when pill may be resumed. (N. L. Guice, *Virginia Med. Monthly*, July, 1894.)

Nerve Sedative and Diaphoretic.—*Acetanilid*, 80 grains (5 grammes); *bromide of soda*, 50 grains (3.20 grammes); rub well together in mortar. Sig.: 3 to 5 grains (0.2 to 0.32 gramme) every one, two, or three hours. (B. H. Brodnax, *Medical World*, July, 1894.)

Neuralgia.—℞ *Croton chloral*, 3 grains (0.2 gramme); *cocaine*, ¼ grain (0.016 gramme); *ext. hyoscyamus pulv.*, ½ grain (0.03 gramme); *caffeine*, 1 grain (0.065 gramme); *codeine*, ¼ grain (0.016 gramme). M. ft. pil. no. i. Sig.: 1 pill as required. (L. B. Young, *Medical World*, July, 1894.)

Night-Sweats of Phthisis.—*Ergot*, powdered, one or two 5-grain (0.32 gramme) doses before bed-time, or diluted extract of *ergot* subcutaneously injected. (Goldenach, *Deut. med. Wochenschrift*, June 28, 1894.)

Palliative Treatment of Uterine Cancer.—Curette cavity of uterus; repeatedly sponge with mixture containing commercial *acetic acid*, 1 drachm (4 grammes); *glycerin*, 3 drachms (12 grammes); *carbolic acid*, 20 grains (1.3 grammes); pack with *absorbent wool*. (Boldt, *Archives of Gynæcology*, June, 1894.)

Phthisis.—*Hydronaphthol*, 5 grains to 1 drachm (0.32 to 4 grammes) hypodermatically. Of 31 cases treated, 14 cured completely; 8 enjoy fair health, but are incurable; 9 deaths. Hectic fever disappears, appetite returns, cough lessens, lungs clear, weight increases. (Carl B. Smith, *Medical Record*, July 21, 1894.)

℞ *Creosoti* (beech-wood), 30 to 80 minims (2 to 5 grammes); *tinct. cardamomi*, 4 fluidrachms (16 grammes); *glycerini*, 2 fluidounces (62 grammes); *alcoholi*, q. s. ad 4 fluidounces (124 grammes). M. To the glycerin add the creasote, then the tinct. cardamom and alcohol. Sig.: Two teaspoonfuls in water after meals. Used in cases of pulmonary tuberculosis presenting evidences of breaking down of tissue, or of catarrhal processes in any portions of the air-passages, or where there is continuous elevation of temperature or intermittent or remittent fever exceeding 99½° F. (37.5° C). Smaller dose used at first, gradually increased until a dose of 5 drops, four times a day, is reached as a maximum. (Solomon Solis-Cohen, *Philadelphia Polyclinic*, July 14, 1894.)

Monographs Received.

The editor acknowledges, with thanks, the receipt of the following monographs:—

A Descriptive Catalogue of the Clinical Museum and Journal of Proceedings, by *Jonathan Hutchinson*, London.——A New Dynamometer for Use in Anthropometry, by *J. H. Kellogg*, Battle Creek, Mich.——The Non-Surgical Treatment of Ovarian Diseases, by *J. H. Kellogg*, Battle Creek, Mich.——Conservatism in Accidental Surgery, by *Edmund J. A. Rogers*, Denver, Col.——The Influence of Dress in Producing the Physical Decadence of American Women, by *J. H. Kellogg*, Battle Creek, Mich.——Shortening the Round Ligament *vs.* Ventral Fixation for Retroversion, by *J. H. Kellogg*, Battle Creek, Mich.——Fracture of the Skull, by *Edmund J. A. Rogers* and *J. T. Eskridge*, Denver, Col.——Abdominal Section for Dropsy, by *J. H. Kellogg*, Battle Creek, Mich.—Antiseptic Drainage in Abdominal Surgery, by *J. H. Kellogg*, Battle Creek, Mich.——Annual Report of the Medical Work in Connection with the Peking Mission of the American Presbyterian Church, 1893, Shanghai, China.——Essentials of Diseases of the Eye, by *Edward Jackson*, and Essentials of Diseases of the Nose and Throat, by *E. B. Gleason* (in one volume), Philadelphia, 1894.——Causeries pour les Médecins (Deuxième Série) Questions Professionelles, par le *Dr. L. Grellety*, Paris, 1894.——Seventy-fourth Annual Announcement of the Philadelphia College of Pharmacy, 1894.——The Operative Treatment of Hæmorrhoids as Practiced by American Surgeons, by *Claude A. Dundore*, Philadelphia.——Lucan Spa and Hydropathic as a Modern Health Resort, by *Thomas More-Madden*, Dublin.——Hysterical Seizures Relieved by Hypnotic Suggestion, by *Judson Daland*, Philadelphia, 1893.——Functional Constipation, by *W. Blair Stewart*, Bryn Mawr, Pa., 1894.——Bericht über die Verhandlungen der Deutschen Gesellschaft für Chirurgie, XXIII Kongress, April 18–21, 1894.——Cœliotomy for Bilateral Pyosalpinx: A Case of Bilateral Ovarian Fibrosarcoma, by *Frederick Holme Wiggin*, New York City.——The Etiology, Prevention, and Treatment of Puerperal Septicæmia, by *Thomas More-Madden*, Dublin, 1894.——The Diseases of Childhood, by *Thomas More-Madden*, 1894.——Leprosy, by *Isadore Dyer*, New Orleans, La., 1894.——Report on the Leprosy Question, by *Isadore Dyer*, New Orleans, La., 1894.——Bladder Gymnastics and Irrigation, by *Byron H. Daggett*, Buffalo, N. Y., 1894.——Hemicrania, by *Franz T. B. Fest*, 1894.——A Case of Puerperal Infection, by *J. E. Cowles*, Los. Angeles, Cal.——Absence of the Vagina with Retention of Menstrual Fluid, by *J. E. Cowles*, Los Angeles, Cal., December, 1893.——The Uric-Acid Diathesis and its Treatment, by *John F. Barbour*, Louisville, Ky., June, 1894.——Ein Fall von Accouchement-Provoqué, von *Dr. Med. Franz T. B. Fest*, Plank Road, Mich, 1894.

Erratum.—On page 250 of August number, under the head of "Hyoscine in Hystero-Epilepsy," the dosage 0.01 gramme ($\frac{1}{64}$ grain) should be 0.001 gramme ($\frac{1}{64}$ grain).

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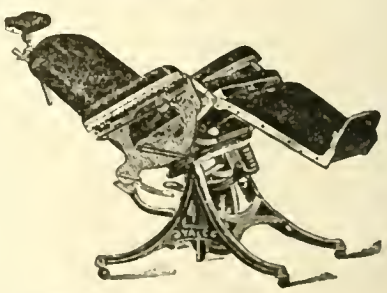

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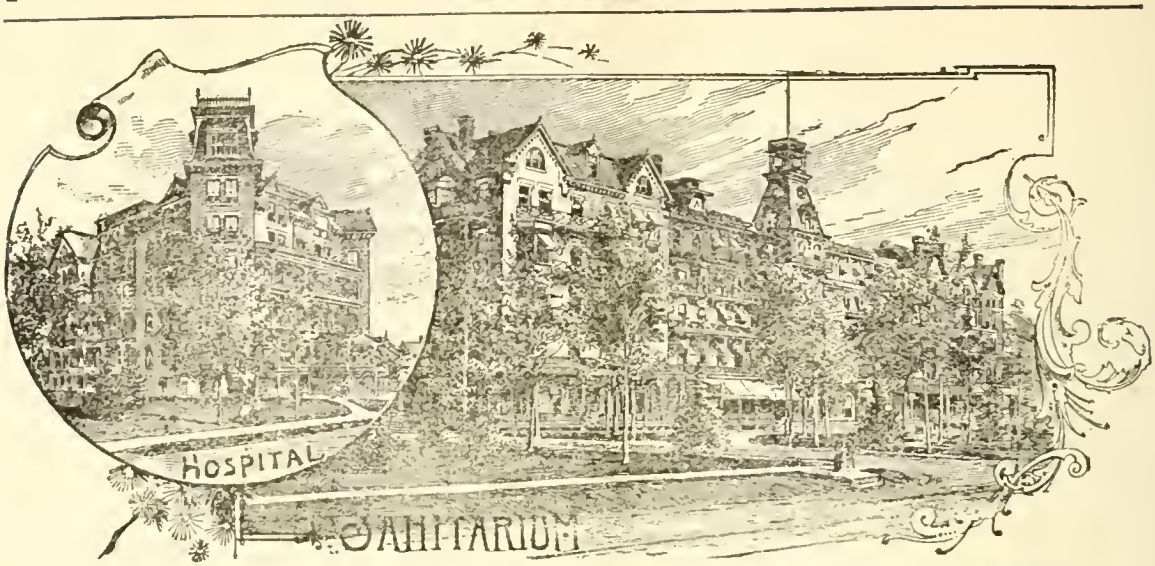

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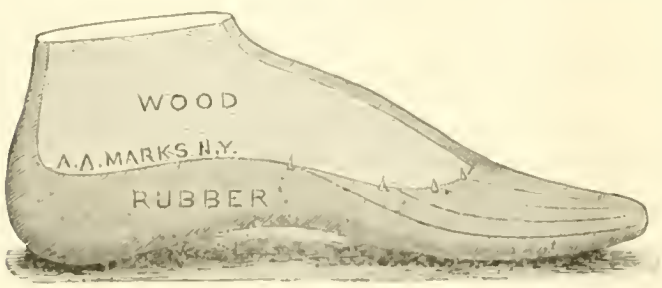

You will recollect that the leg and foot were models of symmetry and beauty, never having been stepped upon or never having worn a shoe. The disease had so thoroughly involved the joint that an extension alone could not save the limb. If a resection had been performed, the leg would have been too short to walk upon, and on that account I decided to perform an amputation upon the knee-joint, leaving the patella to form the end of the stump. Mr. A. A. Marks, the artificial-limb maker, made this little girl an artificial leg. **He makes, as I think, altogether the best artificial leg I have ever seen, simply because of its durability and simplicity.** The foot has no joint at the ankle, and this is where the great advantage comes in.

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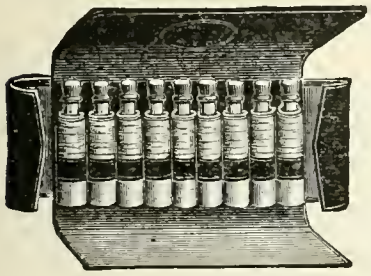

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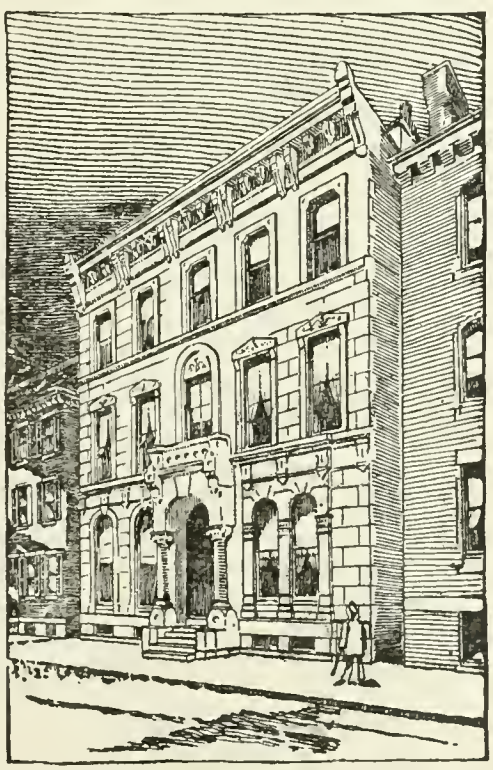

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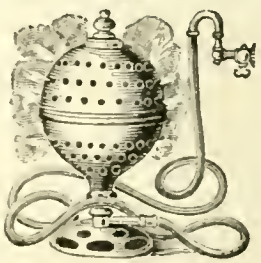

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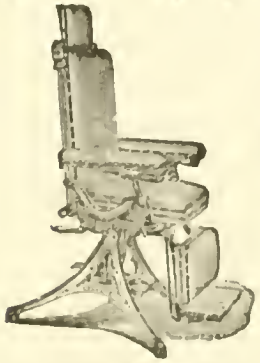

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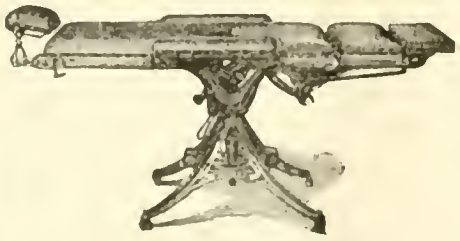

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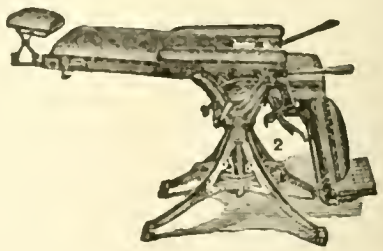

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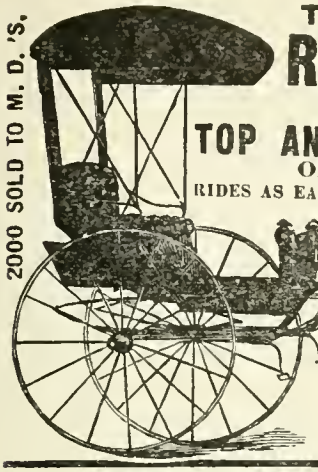

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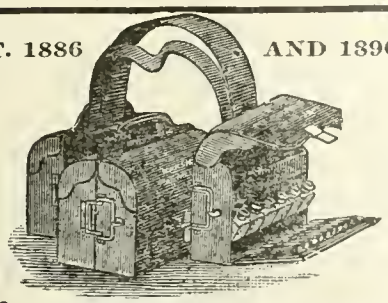

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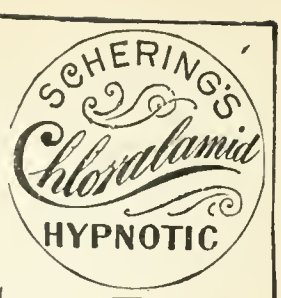

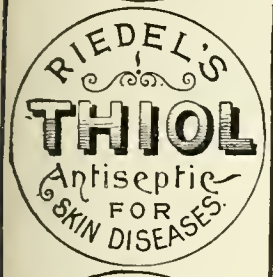

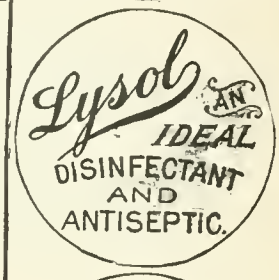

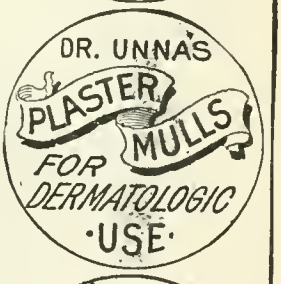

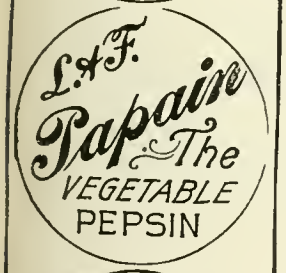

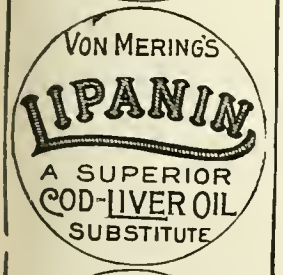

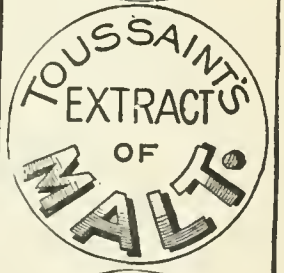

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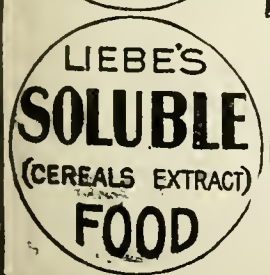

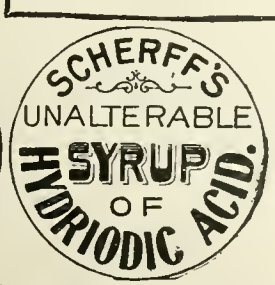

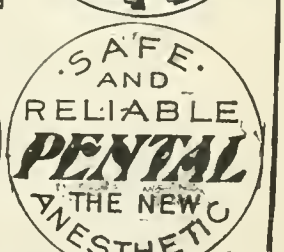

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AUSTRIA-HUNGARY.

EIGHTH INTERNATIONAL CONGRESS OF DEMOGRAPHY AND HYGIENE.

Meeting at Budapest, September 2 to 8, 1894.

DIPHTHERIA.—Professor Lœffler, of Greifswald, President of the German Committee on Diphtheria, stated that the etiological importance of the diphtheria bacillus was no longer open to doubt. Certain other affections of the upper respiratory tract present the same clinical picture as true diphtheria, and may have the same evolution; hence statistics of an epidemic of diphtheria and the character of such an epidemic have no positive value unless the differential diagnosis has been made by bacteriological examination. The progress of epidemic diphtheria depends (1) upon the number and virulence of the diphtheria bacilli; (2) upon the pathogenic or non-pathogenic bacteria associated with the diphtheria bacillus, increasing its virulence or weakening the organism by their products; (3) upon individual predisposition. The diphtheria bacillus may be found in the nose or mouth of healthy individuals without causing any lesion whatever, producing disease only when it becomes fixed on the mucous membrane,—a condition favored by previous affections. Atmospheric changes, especially dampness, seems to influence the appearance of diphtheria, which is most frequently transmitted by direct contact, coughing, kissing, hands which have touched the fresh secretion, by food, or linen, and that often after a long period has elapsed.

To prevent as much as possible the spread of the bacilli by the diseased person, local antibacillar treatment should be instituted from the beginning, whenever possible. The most effective means, in the opinion of the speaker, was the use of Behring's antidiphtheric serum.

Dr. Billings, President of the American Committee, believed that the name "pseudodiphtheria" should be reserved for pseudomembranous inflammations of the upper respiratory passages produced not by the diphtheria bacillus, but by the streptococcus and other bacteria. The mortality of these cases is low, being only 1.7 per cent. in private practice and 25 per cent. in hospitals.

As regards the disappearance of the bacillus, of 752 cases it was absent in 325 three days after the disappearance of the exudate; in the rest it was present from five days to five weeks afterward. In 14 families, with 48 children, where isolation was imperfect or not carried out at all, the bacillus was observed in half the persons, 40 per cent. of whom were afterward affected with diphtheria. In families where the patients were properly isolated, the bacillus was found only in 10 per cent. The inhabitants of an infected house should therefore be regarded as suspects, and, if not isolated, at least frequently examined.

Dr. Edward Seaton, President of the English Committee, remarked that whereas in England, within the last ten years, infectious diseases had diminished as the improvements in drainage had progressed, the contrary was the case with diphtheria, which had greatly increased within the last decade. It was also to be noted that, while formerly a rural disease, it had now become a city one, the schools being an important factor in its propagation. The investigations of the Medical Department Board show that children from 3 to 12 years are most frequently affected, and that the disease is often associated in the beginning with affections of the upper air-passages.

M. Filatow, of Moscow, President of the Russian Committee, said that, though the contagiousness of diphtheria was undoubted, there were still certain epidemiological facts not explained by contagion alone. Sporadic cases are usually seen long before the appearance of an epidemic. In certain countries epidemics of diphtheria are observed after fatal throat disease in hogs and other animals. The epidemics are influenced by seasons and local conditions, generally increasing in autumn and diminishing in summer.

Mr. M. A. Adams, of Maidstone, England, concluded that damp, close, stagnant conditions of the atmosphere favored the increase of diphtheria, and that its virulence increased with the soil-air, showing that it depended upon the movements of the subsoil-water.

M. Roux, President of the French Committee, gave the statistics of treatment of diphtheria with antitoxin at the Hôpital des Enfants Malades, Paris. From February 1 to July 24, 1894, 448 children were thus treated, the mortality being 109, or 24.33 per cent. The average mortality from 1890 to 1894 was 51.71 per cent. in a total of 3971 children. The benefit from the antitoxin treatment, the conditions being the same, was therefore 27.38 per cent. Within the same period 500 cases of diphtheria were entered at the Hôpital Trousseau, 316, or 63.20 per cent., of whom died. Of the 448 children treated by antitoxin, 128 were found, by bacteriological examination, not to be suffering from true diphtheria; 20 other cases were in a

dying condition when brought in. Of the 300 cases remaining there were 78 deaths, or 26 per cent., instead of 50 per cent., as in former statistics, before the use of antitoxin. The serum used was taken from immunized horses, with a strength of between 50,000 and 100,000. Of this 20 cubic centimetres (5 drachms) were injected under the skin of the thigh. This was not renewed if the patient was found not to be suffering from true diphtheria; otherwise, a second injection was made twenty-four hours later, 0.10 or 0.20 gramme ($1\frac{1}{2}$ to 3 minims) being used. This was usually sufficient to bring about recovery. If the temperature remained elevated, however, a third injection of the same amount was made. The average weight of the children being 14 kilogrammes (28 pounds), the amount of serum injected, as a general rule, equaled $\frac{1}{100}$ part of their body-weight, and in exceptional cases $\frac{1}{100}$ part. Under the influence of the injections the general condition remained excellent; the false membranes ceased to form within twenty-four hours after the first treatment; in thirty-six or at most seventy-two hours they became detached. In only 7 of the cases did they persist longer. The temperature frequently fell suddenly after the first injection; if it remained elevated in the cases of severe angina, it fell only after the second or third injection, in lysis. The pulse returned to normal less rapidly than the temperature. A third of the cases of diphtheria, according to statistics, show albuminuria; and this having been present in only 54 out of the 120 cases treated with serum, it seemed evident to M. Roux that the remedy diminished the frequency of the symptom.

The mortality in cases of croup treated with the serum was also much less than with other methods. The author believes it possible to obtain much better results if the treatment be instituted earlier, and also believes that tracheotomy will become more and more rare, being superseded by intubation, combined with injections of serum.

Dr. Heubner, of Berlin, read a paper in the name of Professor Behring, stating that the action of the antitoxin was all the more certain the earlier it was administered in any given case. The injections should be aseptic, a sterilized Koch syringe being employed, from 0.10 to 0.12 gramme ($1\frac{1}{2}$ to $1\frac{4}{5}$ minims) being injected at a time. Massage is not necessary afterward, the absorption of the liquid being more rapid and the pain less when it is not practiced.

Dr. Aronson, of Berlin, like M. Roux, regarded the serum of the horse as the most efficacious, taken from animals immunized with cultures through which a current of oxygen had been passed. This serum is three times stronger than that used by Professor Behring. From March to the end of July he had treated 192 cases of true diphtheria by means of the serum, 14 per cent. dying. Of these children 23 were moribund when brought into hospital, leaving 169 cases with 19 deaths, or a mortality of 11.2 per cent. In the same hospital the mortality was, in 1891, 32.5 per cent. in 203 cases; 1892, 35.4 per cent. in 341 cases; in 1893, 41.7 per cent. in 426 cases; and from January to March, 1894, 41.8 per cent. The serum treatment was also employed in 82 cases in other hospitals, making 274 cases, with a mortality of 15.3 per cent.

Dr. Aronson also made use of the serum to render immune the children of families in which diphtheria had occurred, and, of 130 such, only 2 were affected with diphtheria, and that of a mild form. The dose used was 1 cubic centimetre (15½ minims).—*La Semaine Médicale*, September 8, 1894.

FRANCE.

Association Française pour l'Avancement des Sciences.

Twenty-third Meeting at Caen, August, 1894.

Dangers of Athletic Sports in Childhood.—M. le Gendre, of Paris, in an article on this subject, showed that the period of growth created certain morbid predispositions, as a tendency to excessive arterial tension, manifested by palpitations, epistaxis, pains in the head; in arthritic individuals, susceptibility to chill when the body is in a state of perspiration; in neuro-arthritic persons, a tendency toward atony of the stomach, increased by the abundant ingestion of fluids; in others, of nervous temperament, a predisposition to headaches, tics, chorea, and a craving for violent distraction.

Under such conditions it is easy to understand how excess in physical exercise may be followed by serious consequences. After violent games of foot-ball, tenis, or the too prolonged use of the bicycle, the fever of overexertion may supervene, with the complications that accompany it, as prostration, curvatures, pain, osteomyelitis, dyspepsia with great anorexia, dilatation of the heart, palpitations, syncope, true asystole, and possibly hypertrophy, articular inflammation, or typhlitis.

The author therefore believed it of great importance for parents to have their children examined before allowing them to give themselves up to any particular sport, and to forbid it if there be any trouble of the circulatory, locomotor, digestive, or nervous system; to insist upon progressive and gradual increase of the exercise, whatever it be; and, while encouraging athletics and gymnastics, to forbid any competition in these sports.—*Revue des Maladies de l'Enfance*, September, 1894.

Chronic Rheumatism and Infection.—M. Charrin reported two cases of rheumatism the infectious origin of which seemed beyond a doubt. The first, a woman 63 years old, was attacked with subacute tonsillitis. During her convalescence pain and swelling of the wrist and finger-joints occurred. Salicylate of soda failed to give relief, and sulphate of quinine was used, causing the disappearance of the fever, pain, and inflammation. The deformity, however, still persisted three months later.

The second patient, a girl of 23, was affected with suppurative tonsillitis, the pus of which showed the presence of the streptococcus and the staphylococcus albus. At the end of one week, subacute arthropathy developed in the metacarpo-phalangeal articulations of the index, middle, and little fingers, and in the thumbs. The staphylococcus pyogenes albus was found in the periarticular serous fluid. Six days of treatment led to improvement, but seven weeks later nodosities could still be seen on the

affected joints, hard, not sensitive, and with little tendency to disappear. There was no visceral localization.—*Le Bulletin Médical*, August 19, 1894.

Académie de Médecine.

Meeting of September 4, 1894.

Sudden Death on the Bicycle.—M. L. H. Petit reported three cases of sudden death following the use of the bicycle, all in persons suffering from a cardiac affection. The first case was that of a man of 60 years, robust in physique, who had practiced with his teacher for a month, and who, during a lesson, feeling indisposed, called the teacher and died in his arms. The second case was that of a physician, who wished to reduce his size by bicycle-riding. He had never had any cardiac trouble. At the end of several months he was attacked with dyspnœa and excessive pain in the heart. He descended from his machine, seated himself on a bench, and died shortly after. The third case was that of a clubman, about 40 years old, who died on his bicycle on one of the streets of Paris. He also had a cardiac affection.

From the 1st of January to the 27th of August, the Prefecture of Police issued 32,996 permits for the use of the bicycle. As many persons do not apply for permits until compelled to do so, it may be said that there are about 100,000 persons in Paris who use the velocipede. It is probably not an exaggeration to estimate that of this number 1 in each 1000 suffers from some cardiac trouble, and it is therefore well to call attention to the risks which they run in this sport.

Old age in itself, according to M. Petit, should be regarded as a contra-indication, without any reference to heart disease. The use of the bicycle requires a suppleness, an attention, and an expense of strength which cannot be permitted to elderly persons without fear of bad results.—*Gazette des Hôpitaux*, September 11, 1894.

Meeting of September 11, 1894.

The Use of the Bicycle.—A lively discussion took place upon this subject, following the paper of M. Petit. M. Hallopeau made a report opposing many of the views of the former, and, after some argument, the Academy adopted conclusions to the effect that the moderate use of the bicycle by experienced riders in no way interfered with the functions of the heart; that its rôle in sudden deaths was but of secondary importance as an occasional cause; that experience alone could show its influence in sudden death in persons suffering from heart disease; that those affected with aortic insufficiency or non-compensatory hypertrophy should be absolutely forbidden the use of the bicycle; that violent efforts, such as trials of speed, too rapid riding, or the ascension of hills, should be regarded as dangerous; that the bicycle is not adapted to the use of elderly persons, owing to the condition of their circulation. The Academy will welcome any clinical facts throwing light upon the subject.—*La Médecine Moderne*, September 12, 1894.

GREAT BRITAIN.

British Medical Association.

Meeting at Bristol, August, 1894.

The Care of the Ear During the Exanthemata.—Walker Downie, M.B., called attention to the analysis of 600 cases of ear disease treated by him at the Royal Hospital for Sick Children in Glasgow, the patients being from 7 weeks to 12 years of age.

Of the 600 cases—

45 cases, or 7.5 per cent., were due to eczema of the auricle and meatus.
30 " 5. " had impacted cerumen.
12 " 2. " were the result of injury.
7 " 1. " had furuncular abscess of the meatus.
4 " .5 " had foreign bodies in the meatus.

Of the 600 cases 468 had discharge, but, excluding those in which the discharge was due to eczema, to injury, to the presence of a foreign body, and to abscess of the meatus,—that is, where the discharge originated in the external meatus, the total number of which was 64,—there remained 404 cases (67.3 per cent.) with discharge originating in the middle ear. Then 132 cases were unaccompanied by discharge, of which number 97 were middle-ear cases. Thus, out of the 600 cases there were 501 cases of middle-ear disease (404 with and 97 without discharge),—that is, in 83.5 per cent. of the total number who applied for treatment the tympanum was affected. The following causes were assigned in the 501 cases of tympanic involvement:—

131 cases, or 26.1 per cent., originated during an attack of measles.
63 " 12.6 " " " " " scarlet fever.
15 " 3. " " " " " whooping cough.
3 " .6 " " " " " mumps.
147 " 29.4 " were catarrhal in origin.
101 " 20. " originated during the eruption of teeth.
8 " 1.6 " were syphilitic in nature.

Of the remaining 6.7 per cent. the history obtainable was so indefinite or uncertain in character as to render it unreliable.

The number of cases stated as originating during the course of measles and scarlet fever, though large, forming as they do two-fifths of all the middle-ear cases examined, does not indicate the number of cases in which the ear is affected during the currency of those diseases, but rather points to the proportion of chronic ear affections which follow on them. Many acute cases prove fatal, while others, on account of their acute character, have active treatment applied, by which structural changes are prevented, and the ear in many cases is restored to its normal condition.

The angina of both measles and scarlet fever is said to have a very special tendency to extend by continuity of surface to the nares and to the Eustachian tubes. As it extends along the latter passages to the tympanum the walls of the affected tube become swollen, its calibre is diminished in proportion to the degree of tumefaction, it is frequently occluded, and the

morbid secretions greatly increased in quantity, as a part of the specific inflammation, are retained within the cavity of the middle ear. This course of events is most frequently met with in those who have enlarged tonsils, and especially if, as is so often the case, hypertrophy of the lymphoid tissue in the naso-pharynx is present as well. The tubes are then more readily and more completely blocked at their pharyngeal orifices by the early implication of the gland-tissue surrounding them. A similar series of events may follow a naso-pharyngeal catarrh in children who are affected with hypertrophy of the faucial and pharyngeal tonsils. The implication of the ear, in the majority of slight cases, is recovered from without suppuration, and without the integrity of the tympanic membrane being sacrificed. In measles and scarlet fever it is otherwise, though the early stages of the inflammatory process are the same. It is not cases with extensive suppuration of the fauces and pharynx which most frequently become complicated with suppuration of the middle ear, but chiefly those with symptoms of faucial and pharyngeal catarrh. In the 501 cases of middle-ear disease analyzed, 131 cases (26.1 per cent.) were due to measles, and 63 (12.6 per cent.) to scarlet fever. The chief point of difference is of a mechanical nature. In simple catarrh the child throughout the day is not confined to bed, but is permitted to run about freely; the increased pharyngeal secretion is thus prevented from collecting to any extent within the naso-pharynx. When a child is suffering from measles or scarlet fever he is confined to bed day and night, and during the greater part of the twenty-four hours he is in a dorsal position, which favors the retention of secretions within the hollow of the naso-pharynx, and in addition, from the altered direction of the Eustachian tubes, the inflammatory products of the middle ear cannot readily escape, even supposing the tube to remain patent. Catarrhal inflammation accompanying measles and scarlet fever is, therefore, soon followed by suppuration, the lining membrane of the tympanum becomes necrosed, the tympanic membrane is ruptured, and the bony cells surrounding and communicating with the tympanum are filled with the products of suppuration.

From the very beginning of the illness, where there are any catarrhal symptoms, the patient should be directed to use the handkerchief frequently and strongly, and the nurse in attendance should see that this advice is carried out. If the child is too young to do this efficiently, or if there is enlargement of the faucial tonsils and adenoid vegetations in the naso-pharynx, Politzer's inflation bag should be resorted to. In performing inflation the child, in the recumbent or sitting position, is directed to open his mouth and to breathe out strongly, or to say ho! or hick! and while in the act of doing either the air is forced along the nose. The quantity of secretion dislodged and thrown into the mouth by this proceeding will astonish those who have not used the bag under such circumstances, and convince them of the necessity of having the air-way cleared. One or other of those methods should be adopted in every case, and without waiting for the appearance of symptoms pointing to the implication of the ear. When, on the other hand, there is dullness of hearing, sounds or pains in the

ears, etc., resort to inflation should never be delayed, as those symptoms point to closure of the Eustachian tubes, and to retention of secretion within the middle ear, relief from which may be instantaneously secured, in the majority of cases, by complete inflation. Some hesitate to use Politzer's bag while the aural passages are inflamed, lest rupture of the membrane should result. This rarely happens, and, even when it does, no harm follows. The resulting perforation is slit-like, and it heals readily; whereas if the condition is left to nature, as it is termed, the perforation, which only occurs after serious and too often irreparable damage to the structures within the tympanum, is circular in form, due to the loss of tissue, and is therefore exceptional.

When the case does not come under observation till a later stage and the pain in the ear is acute, and should immediate relief not be obtained from inflation, the membrane should be examined and incised without delay, especially if there be a sudden rise in temperature without any other explanation. Paracentesis of the membrane, or myringotomy, is sadly overlooked; it is certainly not performed in anything like the number of cases in which it is indicated, and yet it is a very simple and safe operation under appropriate conditions. These conditions are (1) to have the head securely held; (2) to have the membrane clearly visible and brightly illuminated; (3) to use an arrow-shaped paracentesis knife, or myringotome, with a shoulder; and (4) to puncture the membrane in its lower and posterior part, where bulging is usually most marked. The result again is a slit-like opening, which, after permitting of the thorough removal of the pent-up secretion, readily heals. This operation performed in time is of incalculable benefit to the patient, for it not only relieves the immediate pain, but saves the deeper structures of the ear, and prevents the misery of a chronic otorrhœa, with its numerous attendant risks.

Dr. McKenzie Johnston, of Edinburgh, thought that attention to and treatment of the nasal catarrh coming on after the exanthems was of great importance, and of service not only during the attack, but *after* convalescence, in removing the local throat conditions which tended to cause middle-ear affections later on.

Dr. Barr referred to the absence of information regarding the very early stage of purulent disease of the middle ear originating in scarlet fever. The usual view is that rapid purulent formation takes place with pressure upon and bulging of the membrane, which, if incised, would probably avert the subsequent destructive process. In many cases the destructive process was very rapid and complete, being more of the nature of sloughing, which no early paracentesis of the membrane would prevent. Dr. Barr based this opinion upon a case which had come under his observation, and which he had the opportunity of closely watching.

Dr. Downie agreed with Dr. Johnston that aural affections associated with the exanthemata assert themselves most prominently after the child has recovered from the fever.—*Journal of Laryngology*, September, 1894.

UNITED STATES.

American Climatological Association.

Meeting at Washington, D. C., May 31 to June 1, 1894.

The Treatment of Phthisis.—Dr. R. G. Curtin, of Philadelphia, gave a *résumé* of his experiences at the Philadelphia Hospital, and discussed the merits of creasote and guaiacol. When creasote is pure it is harmless and easily borne by the stomach. It has no effect on the bacilli, and may produce hæmaturia. When well borne by the stomach, an increase in body-weight occurs. In acute phthisis with high temperature no benefit results from guaiacol, which does most good in cases where there is slight fever and poor digestion. Dyspepsia is cured by phenic acid and much benefited by guaiacol. Dr. Curtin uses this drug in pill form, and finds it valuable in chronic ulceration of the lungs, but he does not believe that it has any specific effect on the lungs.

Dr. A. L. Loomis, of New York, did not believe that either of the drugs exerted any special action in the disease, and that in many cases patients seemed to do just as well without such remedies, which seem to have no other effect than to improve the digestive powers in certain patients.

Dr. von Ruck, of Asheville, S. C., was satisfied that in four cases that he had treated with creasote, and watched very carefully, there were good results. He regarded it as particularly beneficial in bronchial and gastro-intestinal cases.

Dr. W. M. Gibson, of Utica, N. Y., found that creasote had a direct effect on the blood, causing an increase in leucocytes and consequently better phagocytosis. A count of the corpuscles would prove this.

Dr. Glasgow, of St. Louis, deemed creasote very valuable. He had not noticed any effect upon the kidneys. He gave from 2 to 70 minims (0.13 to 4.65 grammes) a day, according to the condition of the patient; 1 minim (0.065 gramme) seemed poisonous to some individuals. He placed the drug in a little whisky, mixed with milk and cream. The results in cases of bronchial and alveolar phthisis were striking. He believed creasote to act not on the bacilli themselves, but upon the poisons they generate.

A New and Distinguishing Sign of Latent Aneurism of the Aorta.—Dr. Glasgow, of St. Louis, said that in most cases of aneurism there was an utter absence of dullness on percussion early in the history, physical signs becoming manifest only at a later period, when pressure symptoms, etc., caused a suspicion of the disease. The new sign to which he referred was the presence of a systolic sound in the brachials, due to vibration of their walls and synchronous with the systole of the heart. It may be heard on having the patient extend the arm at a right angle from the body and placing the ear over the brachial. He has found no mention of such a sound in the older English, French, or German classics on heart disease and aneurism.

Dr. Murray, of Washington, D. C., presented a patient whom he regarded as a "suspect." The man was a negro, aged 26. Pulse, irregular; pain in the left side; pain in shoulder to wrist, left side; right side, a small

area of dullness; no cardiac murmur; heart apparently normal. He suspected aneurism. He practiced Dr. Glasgow's pathognomonic sign, and found the brachial systolic sound.

Dr. Curtin, of Philadelphia, had been working in the same direction, and had experimented on the effects of pressure on the chest-walls with a view to the easier location of an aneurism. He described a method of bending forward to facilitate feeling an aneurism through the supra-sternal fossa. —*Medical Record*, July 28, 1894.

Selections from Reports of Members of the Annual's Editorial Staff.

Denmark.

DR. F. LEVISON,

REFERENT FOR DEN DANSK LITTERATUR VEDRÖRENDE: ALMINDELIG MEDICINSK PATHOLOGI OG THERAPI, DERI INDBEFATTET, NERVE- OG SINDSSYGDOMME, PÄDIATRIK, OBSTETRIK, GYNÄKOLOGI, HYGIEINE, DEMOGRAPHI, RETSMEDICIN, PATHOLOGISK, ANATOMI, BAKTERIOLOGI.

Alle medicinske Böger, Disputatser, Monographier, Tidsskrifter etc., der adkomme i Danmark bedes sendt til

DR. LEVISON,
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Subphrenic Abscess in a Six-year-old Boy.—HOLME relates a case of this kind in which incision of the cavity gave exit to 800 cubic centimetres of pus. Introduction of the finger showed that the abscess was under the diaphragm, being limited below by the liver, stomach, and other abdominal organs. The seventh rib was resected posteriorly in the axillary line, a drainage-tube inserted, and the wound dressed aseptically. The cavity gradually contracted, and the patient was discharged cured in three months. No tubercle bacilli were found in the pus.—*Hospitals-Tidende*, p. 445, 1894.

Hæmatoma in Labor.—STADFELDT describes four cases of hæmatoma occurring in labor, and calls the attention of obstetricians to two symptoms indicating the existence of such a complication,—viz., the high situation of an otherwise normal uterus some time after delivery, and the continuance of a profuse and bloody discharge for a longer time than is common.—*Bibliothek for Läger*, p. 153, 1894.

Epidemic of Icterus.—KRAMER observed an epidemic of icterus in a small town in Denmark, forty-two cases occurring within two months, generally affecting children between 5 and 6 years of age. Many other cases escaped medical observation. The disease was characterized by jaundice, great prostration, enlargement of the liver, and pain in the hepatic region. Convalescence was somewhat slow, but no deaths or complications occurred. The origin of the epidemic was unknown.—*Ugeskrift for Läger*, vol. i, p. 554, 1894.

Atrophy of Pancreas in Diabetes.—LAURITZEN found, in post-mortem examination of two cases of diabetes, atrophy of the pancreas in both, and in one incrustation of the organ with calcareous masses. This case was also remarkable for the presence of a small accessory pancreas situated on the anterior face of the duodenum.—*Hospitals-Tidende*, p. 577, 1894.

Gangrene of the Uterus.—MAAG relates two cases of this kind,—one due to inversion of the uterus and the other to retroflexion in the fourth month of pregnancy. The latter ended fatally, while the former patient recovered after extirpation of the uterus.—*Hospitals-Tidende*, p. 373, 1894.

Methylene Blue in Leucocythæmia.—GRAM tried chloride of methylene blue in doses of 0.10 gramme (1½ grains), three times a day, in four cases of leucocythæmia. During the administration of the drug the number of leucocytes diminished and the patients seemed to improve; but three of the cases ended fatally and the fourth was finally discharged from the hospital unimproved. In some instances the drug seemed also to cause a diminution in the number of red corpuscles.—*Hospitals-Tidende*, p. 437, 1894.

Colotomy for Intestinal Obstruction.—MUELLER observed the case of a woman, 33 years of age, who had suffered for some years from obstinate constipation. A tumor the size of a child's head was felt in the abdomen, being of an irregular, triangular form and extremely movable. The genital organs were normal. Laparotomy was performed, and the tumor found to have its seat in the S. Romanum and the inferior portion of the descending colon, and to consist of fæcal masses measuring thirty-three centimetres in circumference. The walls of the affected intestine were much thickened and hardened. The incision in the intestine, as well as that in the abdominal walls, was closed by sutures; but, as symptoms of reopening of the intestinal wound occurred, left colotomy became necessary and an artificial anus was formed. The patient recovered, the constipation ceased, and after some months the artificial anus was closed by sutures.—*Hospitals-Tidende*, p. 450, 1894.

Japan.

DR. W. N. WHITNEY,

CORRESPONDING EDITOR FOR MEDICAL LITERATURE OF JAPAN.

All books, theses, monographs, etc., published in Japan should be sent to

DR. W. N. WHITNEY,
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A Modification of Enterectomy.—DR. S. SATO, of Tokyo, Japan, has succeeded, in a case of enterectomy, in avoiding the usual defect of this operation, viz., the passage of some of the stomach contents to the diseased portion, rendering thorough cleansing of the latter impossible. The case was that of a man, aged 21, who for four or five years had suffered from frequent inflammation of the cæcum, causing the formation of an ulcer, which in June, 1892, broke and left a fæcal fistula. Various means were tried to obliterate the fistula, but without effect. The temperature was often high, the quantity of fæcal extravasation through the fistula increased, and the patient became very weak. In order to close the perforation in the intestine, Dr. Sato incised and extended the fistula, finding a cavity as large as a hen's egg. On removing the granulation three purulent fistulæ about four centimetres deep were found, opening supra-posteriorly, infra-internally, and posteriorly from the base of granulation, each of them discharging a large quantity of pus. On examining the internal walls of the cavity a fistula about the size of a pea was observed at its central part,

from which the mucous membrane spread out in the form of a flower. When a probe was introduced, it directly reached the cavity of the intestine. The border of the fistula was cut off obliquely, and the edges stitched together, but this operation had no effect, the fæcal extravasation having increased in quantity.

The patient having become exceedingly weak, Dr. Sato made a complete operation by cutting across the ileum and colon nearest to the cæcum, suturing their ends, and closing up the ends of the cæcum in the form of a saccus cæcus. The patient was first given a purgative and ordered an enema. An elastic catheter was introduced through the fistula, and the fæcal matter in the adjacent parts washed away, the cavity of the cæcum being then filled with iodoform gauze. By making the incision about eight centimetres in the abdominal wall, three centimetres from the internal border of fistula, and along the external border of the rectus abdominalis, a portion of the ileum nearest to the cæcum was withdrawn, using iodoform gauze to prevent the entrance of external air. A small opening was then made in the mesentery attached to the portion of ileum withdrawn, and the intestine lightly tied up with a small gum tube. An assistant holding a portion of the intestine, about three centimetres from the place tied toward the cæcum, between his thumb and index finger, Dr. Sato cut it across at its middle part, covered the central end with iodoform gauze, and immediately restored the peripheral end to the abdomen by closing it with a Czerny suture. Next, enlarging the abdominal incision upward, and adding an horizontal incision in the form of a T, he removed the mesentery from a portion of the colon. The assistant holding it at two points, he cut across at its middle part, the central end being held with forceps, and then sutured the central end of the ileum and the peripheral end of the colon with Czerny sutures. He cut off the central end of the colon, which was crushed by forceps, and, closing it up as before, returned it into the abdominal cavity. Into the part of the posterior wall of peritoneum which was injured at the time when the colon was separated from the mesentery iodoform gauze was introduced, one end being drawn out from one angle of the wound, all other parts of the wound being completely closed. For two or three days after operation the patient had a slight paralysis of the intestines and pain, but these symptoms gradually disappeared, and after six weeks the function of the bowels had become normal and the secretion from the fistula had also decreased.

This operation, according to Dr. Sato, can be equally applied, with success, to the following cases: (1) when a fæcal fistula, opened in the bladder, uterus, or vagina, cannot be closed up; (2) when a strictured intestine cannot be cut off on account of its strong adhesions, or when there is no other means of extending it; (3) when a stricture is caused by a tumor of the intestine which cannot be removed.

In cases where no fistula opens on the surface of body, if both ends of the portion cut off were closed up as above, the physiological or morbid secretion would accumulate and form an abscess in the internal surface, which might finally break and cause peritonitis; there is also the danger of ptomaine poisoning by the putrefaction of the secretions. Consequently,

it is advisable to stitch one or both ends to the edge of the abdominal wound, so that secretions may freely escape. Dr. Sato states that when he performed the operation he was ignorant of the fact that such a method had been suggested by F. Salzer, who, however, had not tried it upon a patient. Therefore he claims to have established the proof that this suggested method can be successfully applied.—*Tokyo Ijishinshi*, 828.

A Curious Acute Disease Occurring in the Okayama Orphan Asylum.—During the period from September to October, 1893, an acute disease appeared in the Okayama Orphan Asylum, from which a number of children died in succession. The disease was so acute that death occurred after but a few hours' illness, or within twelve hours from the beginning of the attack. Only one patient was in bed for any length of time (nine days), when he finally died. As, however, the symptoms of this case were somewhat different from those of others, it is doubtful whether the disease was of the same character. DR. T. KATSURADA made a post-mortem examination and dissection of seven cases, being assisted by Dr. H. Mimachi. The common abnormality in all the bodies was dilatation of heart; slight hæmorrhage under the serous membrane of the pleural cavity was found in all except the last case. Enlargement of the spleen was present in the majority. In the other viscera, particularly the lungs and brain, the amount of blood was abundant. In two cases personally examined during life by Dr. Katsurada the conspicuous phenomena were not in the circulatory system. One case had a regular, and even strong, action of the heart fourteen hours and the other eleven hours and forty minutes after the radial pulse had ceased to be felt. It was said by the attendants that both had vomited several times,—a symptom worthy to be considered. The fact that the pulsation ceased in spite of the existence of palpitation and that hæmorrhage occurred under the serous membrane may be explained by the spasmodic contraction of small vessels caused by the irritation of the vasomotor nerve, while the dilatation of the heart followed by its paralysis may be supposed to be the result of the spasmodic contraction just mentioned, which the author is not, however, able to explain.—*Okayama Igakkwai Zasshi*, Nos. 47, 48.

Sweden.

DR. F. EKLUND,
Brefväxlande Medarbetare
för den
SVENSK MEDICINSK
LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, böcker, afhandligar, monographier a. s. v. torde ett exemplar benäget öfversändas till

DR. ABRAHAM
FREDRIK EKLUND,
Sibyllegatan, 3 A,
Stockholm.

A Case of Lichen Ruber Planus, Lichen Simplex Chronicus, and Vitiligo.—EDWARD WELANDER, of Stockholm, describes the case of an iron-worker, aged 24 years, who experienced a severe mental shock due to an accident in which he was nearly drowned. He became very nervous and the three skin diseases abovementioned developed together, one independent of the other, in a period of eighteen months. Welander was able to diagnose the three separate diseases clearly.—*Hygiea*, lvi, 4, p. 354.

Abscesses of Bone.—OSCAR BLOCH believes that these abscesses owe their origin to an in-

fectious osteomyelitis. This is evident not only from their clinical relations but from their pathological anatomy, as well as from the fact that they contain the same microbes as those found in acute infectious osteomyelitis.—*Nordiskt medicinskt arkiv*, xxvi, No. 3.

Surgical Treatment of Otitis Media.—K. T. DAHLGREN has operated in fifty-five cases of this kind, and as a result of the treatment finds that the health of all the cases was improved, that about 67 per cent. were completely cured of the disease, and that, without doubt, many of the patients are indebted to the operation for their lives.—*Dissertation*, Upsala, 1894.

A Case of Exfoliative Dermatitis.—CARLSSON had under his care a patient 47 years old, a phthisical workman, who four years before had suffered from a similar attack of skin disease as well as pneumonitis. He had twice suffered from hæmoptysis. On the eighth day of an attack of croupous pneumonia symptoms of delirium appeared, and three days later an intense scarlatinoid eruption was seen on the thorax. The following evening the temperature was 41° C. (105.8° F.). Two days afterward excessive desquamation took place three times in succession, the scales being of different size and form, the largest five centimetres long by two or three centimetres wide. The hair came off readily, as did some of the nails on the hands and feet. The first desquamation lasted only a single day. The patient died twelve days after the appearance of the erythema. The subjective symptoms were itching, roughness, and tension of the skin. At the autopsy cavities were found in both lungs, with fatty degeneration of the heart, beginning cirrhosis of the liver, and acute parenchymatous nephritis.—*Hygiea*, lvi, 4, p. 339.

Case of Healed Peritoneal Tuberculosis.—F. WAHLSTROM relates an interesting instance of this kind. A married woman, aged 27, had two years before suffered from stiffness, swelling and tension of the abdomen, with cough. A tumor being suspected, laparotomy was performed, and a reddish-gray membrane was found covering the inferior portion of the peritoneal cavity, and extending toward the abdomen. The point of origin of the tuberculosis was in both Fallopian tubes, and bilateral salpingectomy was performed. There was a renewed accumulation of ascitic fluid, and an abdominal fistula two centimetres below the umbilicus. The emaciation of the patient was extreme, and empyema necessitated the resection of the ninth rib in the posterior axillary line. Acute nephritis caused the death of the patient. At the post-mortem examination the peritoneum was found to be perfectly normal, except for adhesions in the upper part of the abdominal cavity. All adhesions between the pelvic organs had been broken up by the salpingectomy. The empyema had worked its way through the diaphragm and outward to the fistula, which led from the genital organs to the cicatrix of the abdominal wall.—*Hygiea*, lvi, 4, p. 333.

Leucoderma Syphiliticum.—E. WELANDER believes this skin affection to be of great practical importance in determining the date at which the patient was infected with syphilis. As a rule, it may be asserted that this date is from two to three years previous to the appearance of the leucoderma. This is also a point of medico-legal value, and Welander is of the

opinion that marriage should be forbidden in a case of syphilitic leucoderma. The disease was present in 28 out of 44 syphilitic prostitutes examined by him, while it was absent in 11 non-syphilitic prostitutes.—*Hygiea*, lvi, 4, p. 348.

Artificial Nauheim Baths.—A. LEVENTIN has for several years made use of cold carbonated baths after hot baths, mud-baths, or massage, in the treatment of rheumatism or arthritis. For a weak Nauheim bath he uses 250 grammes (8⅓ ounces) bicarbonate of soda; Kreuznach water, ⅔ litre (1 quart); hydrochloric acid, 300 grammes (9½ fluidounces). For a bath of medium strength, 400 grammes (12¾ ounces) bicarbonate of soda; water from Kreuznach, 1 litre (1 quart); hydrochloric acid, 500 grammes (1 pint). For a strong bath, 500 grammes (1 pound) bicarbonate of soda; Kreuznach water, 1.5 litres (1½ quarts); and hydrochloric acid, 700 grammes (22½ fluidounces).—*Hygiea*, lvi, 4, p. 380.

A Case of Syphilis of the Brain with Leptomeningitis.—MAGNAS MÖLLER describes the case of a waiter, 22 years of age, whose mental condition had always been good, and who had contracted syphilis six months previously. Without any apparent cause, he was attacked by intense left-sided headache, and three days later nausea and vomiting occurred, followed by motor aphasia and right paresis. These symptoms disappeared under antisyphilitic treatment; but certain sensory troubles, with disturbances of the general health and intelligence, persisted and gradually increased. The headache re-appeared from time to time and became more diffuse. Finally, two months and a half from his first illness, he was attacked by paralysis, involving the right half of the body and the lower half of the right side of the face. The following day cramp occurred, chiefly on the left side, but sometimes, also, on the paralyzed side, accompanied by stupor, coma, and disturbance of respiration and circulation. Death ensued on the third day. Post-mortem examination showed the following anatomo-pathological changes: (1) alterations in the basal arteries, causing obliteration or narrowing of their lumen; (2) secondary sclerotic or degenerative processes in certain central parts (*nucleus caudatus* and *tentiformis*) nourished by blood from the altered vessels; (3) inflammatory infiltration of the arachnoid membrane and pia mater.—*Hygiea*, lvi, 1, p. 85.

Correction of High Myopia by Extraction of the Crystalline Lens.—T. WIDMARK has performed the operation suggested by Fukala upon a servant-girl 23 years old, the degree of near-sightedness being 18 D.; visual acuity of the left eye, 0.1 to 0.2; of the right eye, 0.1. There were small atrophic spots on the choroid. The author had prescribed glasses (—13 D.), but she could only use them for a short time. Discission was performed on the right eye, and the following day the crystalline lens was extracted, through a simple linear incision upward, about two millimetres inside the limbus corneæ. V. A. 0.1, R. normal; twenty-four days later, V. A. 0.4 to 0.5. Hyperopia + 0.50. Myopia = 0. According to Widmark, the immediate danger after the operation is slight, but he cautions against its performance on both eyes, and believes it should only be attempted in cases of emergency.—*Hygiea*, lvi, 1, p. 23.

Sacral Method of Extirpation of the Cancerous Uterus.—WESTERMARK states that 16 such operations have so far been published in Sweden,—2 by Lindh, 2 by Lennander, 2 by Josephson, and 10 by himself. After enucleation of the os coccygis he dissects the rectum toward the left side. Of the 104 cases so far published, the mortality has been 25 (24 per cent.) The results have not been brilliant, though the patients have been benefited in health for some time, even if recurrence took place. The author regards the operation as indicated (1) when the uterus is fixed to a certain degree, but there is a possibility of operating on healthy tissue; (2) when the vagina is too narrow for the vaginal method, as in aged single women, in patients with senile atrophy of the vaginal passage, or when the tumor is too large to be extracted through the normal vagina; (3) when the cancer of the portio vaginalis has spread over the greater part of the vagina.—*Hygiea*, lvi, 1, p. 48

Etiology of Diphtheria.—GEORGE HELLSTROM observed an epidemic of "throat disease" in one of the children's homes at Stockholm, in October and November, 1893. Of 28 children 14 had diphtheria and 14 angina, only 5 of the inmates escaping. The author asks whether the common infectious angina with deficient hygiene and prophylaxis may not afford a good soil for the bacillus of true diphtheria. In all of the 28 cases the bacillus pyogenes aureus was observed, being numerous in the cases of simple angina, and rarer in those of diphtheria. He believes that in this epidemic the staphylococcus was the first bacillus present in all the cases, but, furnishing a fertile soil for the diphtheria bacilli, was soon overwhelmed by the latter.—*Hygiea*, lvi, 7, p. 46.

Exclusion of Chemical Rays of Light in Small-pox.—HENRIC BENCKERT treated 17 cases in this manner, 12 being true variola and 5 varioloid. As a rule, the secondary fever failed to appear. In one case there were traces of slight pitting on the nose, and in another on the fingers. The drying up of the pustules began sooner and the crust fell off more rapidly than is commonly the case. The varioloid form were less favorably influenced. The results of the treatment (17.6 mortality) encourage the author to continue his experiments.—*Hygiea*, lvi, 7, p. 11.

Modern Surgery of the Brain.—JOHN BERG believes that the surgeon who, in cases of evident or supposed injury of the brain, neglects to lay open the diseased area and take advantage of the present surgical methods, is guilty of an unpardonable fault. As regards the surgical treatment of epilepsy, owing to the relative absence of danger and the incurability of the affection, he believes operation to be legitimate after a proper diagnosis of traumatic Jacksonian epilepsy, the starting-point of which is an accessible centre. As to surgical interference in tumors and mental diseases arising from injury, the value of operation is still uncertain; trephining in general paralysis, however, he freely condemns, as well as craniectomy in idiocy, which too often is performed at random.—*Hygiea*, lvi, 7, p. 64.

Urticaria Pigmentosa.—ARVID ARZELIUS describes a case of this affection in a girl 3 years old. When 4 months of age the mother noticed a number

of disseminated red swellings on the chest and extremities, usually appearing after a bath, and resembling gnat-bites. Three months later the author was called to see her, as the swellings had become very numerous, particularly on the upper part of the back, the posterior part of the right leg, and the scalp. The spots were situated close together, and were irregular in form and size and light brown in color. They did not disappear on pressure, but urticaria factitia appeared when the spots were pricked with a pin. Itching was but slight. The number increased gradually, the old spots becoming darker in color and uniting one with the other.—*Hygiea*, lvi, 5, p. 449.

Fractures of the Leg.—JACQUES BORELIUS states that permanent extension should be employed in but comparatively few cases when reduction under narcosis has not been successful or where it has been impossible to maintain reduction. The cleansing of the open wound in complicated cases is a matter of great importance. In most cases suture through the bones is not necessary, suture of the cortical portion being sufficient to fix the fracture. In making such a suture care must be had not to dissect the periosteum and soft parts too freely from the ends of the fracture.—*Hygiea*, lvi, 6, 578.

Lonnerberg's Inhaler.—HENRY BERG gives an account of his experiments with this inhaler, which is constructed in such a manner as to allow pure air, mixed with sulphuric acid in the desired proportions, to be drawn into the lungs by inspiration, the expiratory air escaping through another outlet. In order to render the SO_2 less irritating and the gas more oily, Lönnerberg adds a teaspoonful of glycerin to 200 grammes (7 ounces) of a 5-per-cent. (Baumé) solution of calcium bisulphite. Berg has used the inhaler, in cases of phthisis in which the prognosis was hopeful, as a link in the chain of treatment, and is well pleased with the results. Even chronic bronchitis was successfully treated with the apparatus, a teaspoonful of pine-oil being here added to the mixture of glycerin and calcium bisulphite. In cases of putrid bronchitis a cure was effected in a couple of weeks. Two inhalations, lasting five minutes each, are given at first, the duration being gradually increased a minute at a time until two daily inhalations, lasting fifteen minutes each, are given. Great care must be taken in regard to the time, as hæmoptysis may occur.—*Eira*, xviii, 6, p. 167.

Chlorosis.—F. W. WARFVINGE accentuates the importance of a clearer comprehension of this disease, as distinguished from the various forms of anæmia. He believes in its spontaneous origin, in its almost exclusive occurrence in females, and its appearance at the period of puberty. In fifty cases observed by him in the Sabbatsberg Hospital, some slight and some severe, the quantity of hæmoglobin was, without exception, much reduced, —from 45 to 85 per cent.,—the average being 62.5 per cent. This diminution is, according to him, the predominant factor in the production of the disease. In only four cases was the number of red corpuscles normal (5.1 to 4.5 milligrammes), but in all others it was lowered (lowest, 1.6 milligrammes; average, 3.35 milligrammes), the reduction of the hæmoglobin being, therefore, proportionately much greater than that of

the red blood-cells. In twenty cases of anæmia of advanced phthisis the number of the red blood-cells amounted, on an average, to 4.39 milligrammes and the hæmoglobin to 80 per cent. Sixteen cases of chronic parenchymatous nephritis showed, on an average, 3.7 milligrammes of red blood-cells and 68 per cent. of hæmoglobin. In pernicious anæmia the hæmoglobin maintains a higher, or at least as high, an average as the red blood-cells, which is not the case in chlorosis. As to treatment, the administration of iron (Blaud's pills) in large doses is of the utmost importance, while in symptomatic anæmias dietetic prescriptions are the chief feature, the iron playing only a subordinate part.—*Hygiea*, lvi, 6, p. 553.

Clinical Notes.

Rarity of Tuberculous Meat in Paris.—According to a report recently published, it appears that there is some error in the opinion generally held that beef and milk are important factors in the propagation of tuberculosis. Of 20,000 cows examined in 1893 in the department of the Seine, but 68 were found to be tuberculous,—a proportion of 3.4 per 1000. This fact is ascribed to the surveillance exercised by the sanitary service and the hygienic measures carried out in the care of the animals.—*Médecine Moderne*, September 5, 1894.

Treatment of Strangulated Hernia.—Dr. G. E. Wherry is of the opinion that all cases in which signs of strangulated hernia have existed for less than twenty four hours should be relieved by coughing-taxis, especially in inguinal hernia previously reducible. If taxis fail, chloroform should be given and herniotomy performed, with an attempt at radical cure. In cases in which taxis is successful, an operation for radical cure should be advised before the return of the patient to an active life.—*Practitioner*, September, 1894.

Effects of Thyroid Administration.—In a paper upon myxœdema and thyroid extract, Dr. Geo. W. Crary, of New York, expresses the belief that many so-called idiots, imbeciles, cases of arrested development, etc., among children, are in fact cases of functional inactivity of the thyroid gland, and hence susceptible of treatment by thyroid extract, with improvement and perhaps even cure. He summarizes as follows the effects of thyroid treatment: Increased metabolism, shown by (1) elevation of temperature; (2) increased appetite, with more complete absorption of nitrogenous foods; (3) loss of weight, with nitrogen excreted in excess of that taken in the food; (4) growth of skeleton in the very young; (5) marked improvement in body nutrition generally; (6) increased activity of mucous membranes, skin, and kidneys. The rheumatic symptoms and the anæmia are not only not relieved, but are most frequently aggravated.—*American Journal of Medical Sciences*, May, 1894.

Mechanical Treatment of Constipation.—In a lengthy memoir upon this subject, Dr. F. le Marinel, of Brussels, concludes that massage may be re-

garded as one of the most effective measures in the treatment of constipation, acting as it does upon the circulation, the respiration, and the general nutrition. It modifies the abdominal circulation and causes the disappearance of certain passive inflammatory conditions, such as is met with in abdominal plethora. It increases the size and power of the muscles. It is the most valuable agent in the treatment of constipation due to paresis of the abdominal muscles, when this paralysis is not of central origin; also, of constipation from hyperæsthesia or anæsthesia of the mucous membrane due to local causes. It is contra-indicated in constipation due to inflammatory lesions or tumors.—*Journal de Médecine, de Chirurgie, et de Pharmacologie. Annales.* Tome iii, fasc. 1 and 2, 1894.

Diagnosis of Tuberculosis in Children.—Dr. E. Weill, of Lyons, has observed a special syndroma in three cases of infantile pulmonary tuberculosis which he believes to have been as yet unnoted. It consists in a sensation of cold with perceptible lowering of the peripheral and central temperature, marked cyanosis of the extremities with noticeable modification of the radial pulse, considerable alteration in the number of red cells in the cyanosed portions, and in the composition of the urine. These conditions are readily produced by having the patient leave his bed, and they slowly disappear when he lies down. They are transitory symptoms, of an intermittent character, independent of the clinical form of the tuberculosis, of the stage of the disease, of the season, or of the diet.—*Lyon Médical*, May 20, 1894.

Hydro-electric Baths in Cardiac Disease.—Maggiorani, of Rome, acting upon Marey's suggestive remark that the capillaries are the masters of the circulation, and not the heart, has obtained remarkable results in cardiac affections by means of the hydro-electric bath, in connection with properly-regulated exercise and proper atmospheric surroundings. His cases were placed under treatment in a locality chosen for the purpose,—Nocera Umbra, in the province of Umbria, Italy.

To the clinician cardiac disease is a complex of symptoms, in which, besides those depending on the cardiac lesion, he must distinguish also the vascular, hepatic, venous, or nervous phenomena. These latter are entitled to far more consideration than has hitherto been accorded them. Certain stases, even partial; certain changes in temperature, even localized; the appearance and disappearance of certain subcutaneous œdemas, are the effect of special physiological actions, originating, without doubt, in the nervous system. Independently of this, the functions of the heart are physiologically seconded by those of the vessels, and it may reasonably be supposed that measures which act favorably upon the nervous system and vessels aid in bringing about an amelioration of the general state of the circulatory apparatus, and indirectly of the heart also.

The hydro-electric bath efficaciously stimulates the nerves and facilitates the action of the heart in such a way as to enable the latter to gain in nutrition. The effects are not temporary, but permanent, the symptoms losing their acute character, and the patients experiencing a great sense of well-being. The baths are, of course, only applicable in cases in which the

heart is not degenerated, and in which there is no cardiac cachexia. The action is similar to that of another method offering many points of analogy, advanced by de Giovanni, of Padua, viz., strychnine in progressively increasing doses long continued. Good results are obtained by this method when it is desired to stimulate the nervous system in connection with the circulation; but these results are less prompt and less efficacious than those obtained by the hydro-electric bath,—an exterior measure which can be supported by every one, and which gives rise to no unpleasant sensations during the application of the current.—*Proceedings of the Eleventh International Medical Congress*. Rome, 1894.

Unilateral Sweating in Tuberculosis.—A. Zechanowitsch observed a case of phthisis in which there was abundant perspiration of the right side of the face and of the right temple, while the left side was perfectly dry. Another interesting feature was that the tuberculous process was confined to the right lung, while the laryngeal manifestations also appeared on the right side.—*Medicina*, No. 11, 1894; *St. Petersburger med. Wochenschrift*, June 9, 1894.

Persistent Urethral Discharges due to Seminal Vesiculitis.—Dr. Eugene Fuller, in a study of the subject of persistent urethral discharges, advances the following conclusions:—

1. Seminal vesiculitis is the cause of chronic urethral discharges in a certain percentage of cases.

2. In about one-third of these cases the seminal vesiculitis is tubercular in character.

3. It is most important to differentiate between the simple inflammatory and the tubercular cases, owing to the difference in prognosis and treatment.

4. In the simple inflammatory cases the prognosis is good unless the subject is of an advanced age, the duration of the treatment depending largely on the chronicity of the case.

5. The treatment employed in these simple cases consists of stripping the vesicles, thereby squeezing out into the urethra their inflammatory contents by means of the forefinger introduced into the rectum. This treatment should be employed once in five to seven days, a long interval being allowed to elapse between treatments should signs of acute inflammation appear as a result of the manipulations.

6. The duration of the treatment may be all the way from a month or six weeks in subacute cases to many months, and possibly a year, in very chronic ones.

7. At the commencement of treatment the parts are usually very tender, indurated, and distended. If the case progress favorably, all these elements gradually diminish and finally disappear as resolution takes place. The discharge customarily wholly disappears before a cure in the vesicles is attained.

8. In tubercular cases the tenderness in connection with the vesicles is not liable to be so great as, and the induration more than, in simple inflam-

mations. In this form of inflammation the parts resent the manipulations, unless, indeed, they be most gentle, and even then it is a question if this form of treatment is beneficial. If the tubercular condition is not diagnosed at first, the manner in which the vesicles, when so involved, resent the ordinary manipulations by becoming more tender and indurated, thus aggravating the urethral symptoms, speedily renders the correct diagnosis apparent.

9. Many of these tubercular cases become quiescent under internal medication and hygienic measures.—*Journal of Cutaneous and Genito-Urinary Diseases*, July, 1894.

Alterations of the Cardiac Plexus in Post-Diphtheritic Cardiac Paralysis.—M. Vincent relates a case of diphtheria with syncope, observed by him in Hôpital du Dey, at Algiers, in which he was able to determine by autopsy the presence of a parenchymatous and atrophic neuritis of the cardiac plexus, absolutely identical with the condition of the nerves of the members in cases of diphtheritic paralysis. The pneumogastric and its bulbar centre were unaffected,—a fact which bears out the statement of Leyden that diphtheritic neuritis is an ascending lesion, beginning in the peripheral nerves. There was a diminution of transverse striation in certain fibres of the myocardium, an increase of nuclei in the sarcolemma, some capillary hæmorrhage, and slight periarteritis. These morbid changes, however, relatively insignificant, do not explain the paralysis of the heart, as has been claimed, and are, besides, frequently noted in cases of diphtheria not complicated with circulatory troubles. The author therefore concludes that cardiac paralysis, as well as the painful symptoms which accompany it, and which may stimulate true angina pectoris, is due to a neuritis of the cardiac plexus analogous to the neuritis leading to diphtheritic paralysis of the muscles of the voluntary movement, and due, like them, to toxins secreted by the Lœffler bacillus. This anatomical fact may, according to him, be of some value as regards the treatment of cardiac complications in diphtheria. Electrization of the nerves of the heart, especially at the onset of the symptoms, might produce excellent results.—*Arch. de méd. expérim. et d'anat. pathol.*, July, 1894.

A New Portable Air-Compressor.—Dr. John North, of Toledo, has devised an air-compressor, which, being worked by the foot of the operator pressing on two rubber bulbs, leaves his hands free, and thus doing away with one assistant when performing an operation with the Paquelin cautery. The machine is 10 inches long, $2\frac{1}{2}$ inches wide, and 4 inches high. It is made of rubber and metal, and weighs 5 pounds. It has a long slot in it, so that the plungers will be raised off the rubber bulbs when the foot is removed from the pedal. The weight of the foot is sufficient to press the pedal down to the proper position. By alternating the pressure upon the pedal with the heel and toe, the bulbs are compressed and relaxed; while one bulb is being emptied, the other is being filled with air. As the rubber bulbs and valves are strong, any desired pressure can be produced at the will of the operator. It is simple in its construction, always ready, and is

not liable to get out of order. It is convenient to use in the office, or can be carried to the bedside. It gives sufficient force to produce a constant and steady spray with either oils or water solutions, and will operate any form of spray-producer. By means of it local anæsthesia is easily produced. It is useful in operations when antiseptic sprays are desired. By attaching the rubber tube to a wash-bottle sufficient force can be used to wash out the stomach, bladder, vagina, rectum, or any other cavity or portion of the body where a continuous stream of pure or medicated solution is required. By its use a steady blast of air can be produced to run a blow-pipe. The ingenious physician or surgeon will find a great many other uses that it can be put to.

One great objection to air-pumps and air-receivers is the contaminated condition of the air produced by the rancid oils used in oiling the pump and the decayed leather and rubber used in packing them; also the change and decomposition of the air that has been stored for a long time in the receiver. This machine does away with all these objections, and a great many others that occur to those that have used the old methods.—*Medical Record*, June 2, 1894.

Recent Suggestions in Therapeutics.

Alopecia Areata in Children.—Cut off hair with scissors, as closely as possible; apply following ointment every evening: *Vaselin*, *fresh lard*, each 15 grammes (3¾ drachms); *precipitated sulphur*, 3 grammes (46 grains); *salicylic acid*, 1 gramme (15½ grains). Next morning wash head with *salicylic-acid soap*, brush with soft brush dipped in *alcohol*, 100 grammes (3¼ fluidounces); *tincture of rosemary*, 100 grammes (3¼ fluidounces); *sublimate*, 0.30 gramme (4½ grains). Once a week paint affected areas with *essence of wintergreen*, 10 grammes (2½ drachms); *ether*, 10 grammes (2½ fluidrachms). (Feulard, *Jour. de Méd. et de Chir. Prat.*, August 10, 1894.)

Antipyrin in Cystitis.—Inject 10 to 20 grammes (2½ to 5 drachms) of 4-per-cent. solution, allowing liquid to remain ten minutes in order to be absorbed. If bladder be distended, wash out and inject from 60 to 120 grammes (2 to 4 ounces) of 1 to 100 or 1 to 200 solution, leaving it in bladder. Causes relief of pain, acts as antiseptic, and may be used for months. (Vigneron, *Concours Médical*, August 11, 1894.)

Biliary Lithiasis.—Treatment at Hôtel-Dieu, Paris. Hepatic colic of spasmodic form in patient with nervous temperament: *Infusion of orange-flower*, 100 grammes (3¼ fluidounces); *chloroform-water*, 30 grammes (1 fluidounce); *pure neutral glycerin*, 15 grammes (3¾ fluidrachms). Dessertspoonful every half-hour until pain has ceased. Injection of ½ litre (1 pint) *infusion of senna*, 10 grammes (2½ drachms). Second injection of ¼ litre (½ pint) of *decoction of poppy-heads*. Gentle friction of right hypochondrium every hour with flannel dipped in follow-

ing liniment; *balsam of Fioravanti*, 80 grammes (2½ ounces); *chloroform*, 20 grammes (5 fluidrachms). *Vichy* or *Seltzer water* with *cherry-syrup* as drink, *skim-milk* or *vegetable-soup* as food.

Hepatic colic with biliary retention in arthritic diathesis: Full lukewarm bath for at least one hour, renewed if necessary. In interval of baths, application to right hypochondrium of flannel dipped in strong, very hot *infusion of chamomile*, covering with oiled linen. Applications renewed at least every hour. Following internally: *Sodium salicylate*, 0.50 gramme (7¾ grains); *bicarbonate of magnesium*, 0.50 gramme (7¾ grains). To make one dose, in azymic cachet. Two or three injections of *infusion of senna*, 5 grammes (1¼ drachms); *water*, ½ litre (1 pint); *neutral glycerin* (1 tablespoonful). *Calomel*, followed by *infusion of hops*, 100 grammes (3¼ ounces); *syrup of poppies*, *chloroform-water*, *glycerin*, each 20 grammes (5 drachms). One teaspoonful every hour. *Alkaline water* mixed with milk as drink. (FERRAND, *Gaz. des Hôpitaux*, September 6, 1894.)

Relieve suffering by *chloroform* and *morphia* internally, or *chloroform* alone by inhalation if suffering be great. Give *calomel*, 8 grains (0.52 gramme); *aloes* and *soda*, each 3 grains (0.2 gramme), packed dry in one capsule; or, *powdered ipecac*, 30 to 40 grains (2 to 2.60 grammes), in two doses, two hours apart. Four hours later, following mixture, tablespoonful every three hours: *Pot. bitart.*, 4 drachms (16 grammes); *magnes. sulph.*, 1 ounce (31 grammes); *syr. rhei, pot. co.*, 2 ounces (62 grammes); *aquæ*, q. s. ad 4 ounces (124 grammes). After recovery from acute attack, one capsule of following after each meal: *Ferri redact.*, *quiniæ sulph.*, each 30 grains (2 grammes); *leptandrin*, 15 grains (1 gramme); *ext. nux vomica*, 7 grains (0.45 gramme); *aloin*, 3 grains (0.2 gramme). M. et ft. caps. XXX. (JAS. T. JONES, *Memphis Medical Monthly*, August, 1894.)

Blood-Counting in Anæmia.—Drop of blood taken from ring-finger of left hand, after holding firmly a few seconds to produce slight congestion. Diluted 200 times with following solution: *Sodii sulphatis*, 104 grains (6.91 grammes); *acidi acetici*, 1 drachm, (4 grammes); *aquæ dest.*, 4 ounces (124 grammes). Has advantage of rendering white corpuscles very refractive, so that the presence of one corpuscle in a field of red can be detected at a glance. Of great advantage in searching large areas while estimating number of white corpuscles. (JOSLIN and DENNY, *Boston Medical and Surgical Journal*, August 23, 1894.)

Chloralose.—Valuable in all forms of functional sleeplessness, in insomnia of psychical affections, hysteria, neurasthenia, overwork, functional irritability of heart, epilepsy, and somnambulism. Of little use in alcoholic insomnia, multiple neuritis, cerebral hæmorrhage, or insomnia due to painful organic lesion or peripheral irritation. Dose from 2 to 6 grains (0.13 to 0.39 gramme) in milk or cachets. Sleep occurs in from twenty to sixty minutes, lasting four to ten hours. If longer sleep be desired, doses should be divided. (C. FLEMMING, *Practitioner*, July, 1894.)

Chronic Laryngitis.—℞ *Olei pini sylvestris*, 15 minims (1 gramme); *olei cassiæ*, 3 minims (0.2 gramme); *magnesia carbonatis levis*, 20 grains (1.3 grammes); *Aquæ*, 1 fluidounce (31 grammes). Misce et fiat vapor. A teaspoonful to be added to a pint of water at 140° F. (60° C.) for each inhalation. (*Practitioner*, September, 1894.)

Diphtheria.—Treatment at Hahn's clinic, Berlin: Application of ice collar, hourly gargling or spraying with 4-per-cent. solution *chlorate of potassium*, or 1 to 4000 solution *potassium permanganate* in cases where fœtor is present. In nasal diphtheria, syringing of nasal cavities with 2-per-cent. *boracic acid* or 1 to 4000 *permanganate* solution, plugging nostrils if epistaxis occur. Steam in cases of laryngeal obstruction. If urgent dyspnœa, low tracheotomy, removing cannula on fifth or sixth day. (Weibgen, *Deut. med. Wochenschrift*, July 19, 1894.)

Treatment by *antitoxin:* 233 cases treated by author, with 179 recoveries (77 per cent.); 72 tracheotomies, 41 recoveries (57 per cent.). Cases grave or moderate, diagnosis established by bacteriological examination. Cure relatively more frequent in older patients, being, for non-tracheotomized, 50 per cent. up to 2 years, 70 per cent. up to 4 or 5 years, 100 per cent. for patients more than 9 years old; in tracheotomized cases, 25 per cent. of cures from 1 to 2 years, 57 per cent. up to 3 years, 77 per cent. after 3 years, 100 per cent. after 9 years. Recovery more certain if treatment is begun at onset of disease. Injections made into subcutaneous cellular tissue. Exanthema similar to urticaria followed occasionally, especially when sheep- or dog- serum was used instead of goat-serum. No symptoms of laryngeal invasion observed in cases treated early. (Kossel, *Zeit. für Hyg. u. Infectionskr.*, B. xvi, H. 3.)

Clear diseased areas of mucus and membranes as much as possible without violence or bleeding, using cotton forceps soaked in $\frac{1}{2}$ or $\frac{1}{3}$ solution of *sublimate* in *glycerin*, $\frac{1}{4}$ solution for very young children. Treatment proposed by M. Gonbeau; 81 to 87 per cent. of cures reported in hospital cases by M. Moizard. Good results also obtained by M. Sevestre. Trial of method at the Hôpital des Enfants Malades, rue de Sèvres, gave rise to toxic symptoms. (*Revue des Maladies de l'Enfance*, September, 1894.)

Insufflate sufficient of following powder to cover affected parts with thin layer: *Sozoiodolate of mercury*, *chloride of sodium*, each 1 gramme ($15\frac{1}{2}$ grains); *precipitated sulphur*, 48 grammes ($1\frac{1}{2}$ ounces). Mercuric salt may be omitted and following used: *Sozoiodolate of sodium*, *precipitated sulphur*, each 25 grammes ($6\frac{1}{2}$ drachms). (Draer, *Semaine Médicale*, September 5, 1894.)

Djamboe.—Of most value in infantile diarrhœa. Used by the author in some hundreds of such cases with success, also in diarrhœa of phthisis. Dose, 0.50 gramme ($7\frac{3}{4}$ grains); larger doses without bad effects. Infusion preferable for children, fluid extract for adults. (Hugel, *Munchener med. Woch.*, July 17, 1894.)

Exploratory Operation in Cancer of Colon.—After anæsthetizing patient, incision 2½ inches long is made in linea alba, between umbilicus and symphysis pubis, assistant preventing escape of any coil of intestine. The fingers are then carefully introduced into the right iliac fossa and condition of cæcum ascertained. If this be distended, right iliac fossa is explored and condition of sigmoid flexure ascertained. If distended, its course is gently followed into the pelvis and seat of obstruction ascertained. Should sigmoid flexure be empty, it is followed upward by the fingers and descending colon traced to splenic flexure. The collapsed gut may, in favorable cases, be followed along transverse colon to hepatic flexure, but is dangerous and difficult if much distension be present. When cæcum and sigmoid flexure are distended, left inguinal or lumbar colotomy may be practiced; when cæcum is distended and descending colon collapsed, right colotomy only. Chief advantages of this method: It will occasionally prevent unnecessary opening of colon, obstruction being found due to ovarian or uterine tumor, easily removable, or to adhesions or dissemination of cancer; it will prevent incision of left and then right loin. (J. Bland Sutton, *Clinical Journal*, August 15, 1894.)

Hæmoptysis.—Rectal injections of *chloral*, 1.5 to 2.5 grammes (24 to 38 minims), repeating dose if necessary. Effect apparent in one-half or three-fourths of an hour. Apparently acts as prophylactic. Fifteen cases successfully treated. First ascertain if heart be healthy. (J. Pal, *Gaz. Méd. de Liége*, July 26, 1894.)

Lead Colic.—*Monosulphite of sodium*, 0.40 gramme (6 grains) daily. Elimination of lead rapid. Treatment devoid of danger. (Pérou, *Lancet*, May 19, 1894.)

New Method of Giving Thyroid Extract in Myxœdema.—Adopted in cases in which *thyroid extract* was not tolerated by patient: Twice a day, after hot sponging and vigorous toweling, entire body was well rubbed with following mixture: *thyroidin*, 10 parts; *ether*, 60 parts; *lanolin*, 480 parts. Rise of 1° in temperature showed that extract was really absorbed. Proceeding well borne; results satisfactory. Recommended to notice of profession. (Edward Blake, *Provincial Medical Journal*, September 1, 1894.)

Psoriasis.—℞ *Ammonii carbonatis*, 4 grains (0.26 gramme); *potassii acetatis*, 25 grains (1.6 grammes); *liquoris arsenicalis*, 4 minims (0.26 gramme); *syrupi aurantii floris*, 2 drachms (8 grammes); *aquæ menthæ piperitæ*, ad ½ ounce (16 grammes). Misce et fiat mistura. A tablespoonful in half a wineglass of water three times daily after meals. (*Practitioner*, September, 1894).

Quinine in Cholera.—Ten grains (0.65 gramme) in powder, diffused through small quantity of water or in acid solution, at hourly intervals, until 20 to 40 grains (1.3 to 2.6 grammes) have been given; afterward, *pro re nata;* the same dose at half-hourly intervals for sufficient time in collapsed or *foudroyant* cases; smaller doses, perhaps, at longer inter-

Quinine in Cholera (*continued*).

vals, in choleraic diarrhœa. As other treatment, appliances for restoration of heat; *saline* hypodermoclyses to supply lacking serum to the blood; *morphine* hypodermatics to allay cramps and pain; enteroclyses of *quinine* in rare cases where remedy is vomited; *calomel* in small doses for subsequent enteritis or persistent diarrhœa. (E. B. Fullerton, *New York Medical Journal*, August 18, 1894.)

Spasmodic Asthma.—℞ *Tincturæ lobeliæ ætherea*, 15 minims (1 gramme); *spiritus ætheris*, 20 minims (1.3 grammes); *tincturæ chloroformi compositæ*, 5 minims (0.32 gramme); *aquæ camphoræ*, ad 1 ounce (31 grammes). Misce et fiat mistura. Two tablespoonfuls to be taken when the breathing is difficult. (*Practitioner*, September, 1894.)

Successful Food for Infants.—Mix a full teaspoonful of *flour* and half a cup of *cold water;* to this add 12 ounces (375 grammes) of *boiling water*, and boil for ten minutes in double boiler. Remove inner vessel, and add to mixture 12 ounces (375 grammes) of *cold water* and half-teaspoonful of *maltine*. Allow to stand fifteen minutes, to enable the diastase to act upon the starch. Replace vessel in boiling water and boil again for fifteen minutes. Strain; add equal quantity of *fresh milk*. Successfully tried in 77 cases. (Nathan Oppenheim, *New York Medical Journal*, July 21, 1894.)

Tænifuge for Adults.—*Ethereal extract of male fern*, 6 grammes (1½ fluidrachms); *calomel*, 0.60 gramme (9¼ grains); *distilled water*, 16 grammes (4½ fluidrachms); *syrup of acacia*, 16 grammes (4½ fluidrachms); *acacia-powder*, q. s. to make emulsion. To be taken in one dose (shaken well) in the morning, patient having previously observed milk diet for twenty-four or thirty-six hours, and having remained in complete repose. Tænia expelled without any discomfort within thirty or thirty-five minutes. (Léméré, *Mercredi Médical*, August 8, 1894.)

Tannigen.—Derivative of tannic acid not injuring the stomach. Yellowish-gray powder, soluble, inodorous, tasteless. Of value in subacute diarrhœa of phthisis and in chronic diarrhœa. Dose, 0.2 to 0.5 gramme (3 to 7¾ grains) usually sufficient, 3 to 4 grammes (46 to 60 grains) daily producing no bad effect. (H. Meyer, *Deut. med. Woch.*, August 2, 1894.)

Tape-Worm.—Prepare patient by dieting; at bed-time give purgatives suitable for removing excess of mucus, which probably covers parasite and may prevent the poison from reaching it. *Sulphate of magnesia* with *tincture of jalap* more effective than *castor-oil*. If first dose does not operate, give purgative again next morning followed by *liquid extract of male fern*, 1 drachm (4 grammes); one hour later, similar dose of extract, followed in two hours by large dose of *castor-oil* with *tincture of jalap*. If necessary, *Carlsbad salts* or other saline aperient for several mornings before beginning active treatment. Two or three doses daily of some alkaline medicine also of use. Smaller doses of purgatives for children, with 1½ drachms (6 grammes) of extract, in two doses. (Leslie Ogilvie, *Lancet*, August 4, 1894.)

℞ *Pelleterinæ tannatis*, 10 grains (0.65 gramme); *spiritus rectificati*, 1 fluidounce (31 grammes); *glycerini*, 2 fluidrachms (8 grammes); *tincturæ aurantii*, 1 fluidrachm (4 grammes); *aquæ*, ad 3 fluidounces (93 grammes). Misce et fiat haustus. Half to be given fasting early in the morning, to be repeated in half an hour, and to be followed by a dose of *castor-oil*. (*London Practitioner*, August, 1894.)

Tobacco Habit.—*Gold* and *sodium chlor.*, $\frac{1}{24}$ grain (0.0027 gramme); *strychninæ nit.*, $\frac{1}{60}$ grain (0.0011 gramme); *nitroglycerin*, $\frac{1}{2000}$ grain (0.00032 gramme); *atropinæ sulph.*, $\frac{1}{2000}$ grain (0.00032 gramme); *tinct. digitalis*, 3 minims (0.2 gramme); *capsicum*, $\frac{1}{4}$ grain (0.016 gramme); *salicin*, 1 grain (0.065 gramme); *cinchonidinæ sulph.*, 1 grain (0.065 gramme). For one pill. (S. H. Condin, *Therapeutic Gazette*, July 16, 1894.)

Ulcer of Stomach.—Ten grammes ($2\frac{1}{2}$ drachms) *bismuth subnitrate*, fasting, in morning, followed by 50 grammes ($1\frac{1}{2}$ fluidounces) water. (Rosenheim, *Berliner klinik*, May, 1894.)

Ulcers of the Leg.—*Iodide of potassium*, 4 drachms (16 grammes); *tincture of iodine*, 30 minims (2 grammes); *water*, 10 ounces (310 grammes). A tablespoonful at each meal. Locally apply solution of *chloride of zinc* (5 to 10 per cent.); bandage with strips of *mercurial plaster*. Change bandage every three or four days. (Tillaux, *Medical Press and Circular*, August 1, 1894.)

Urticaria.—*Vaselin*, 30 grammes (1 ounce); *oxide of zinc*, 3 to 6 grammes (46 to 90 grains); *menthol* or *phenol*, 0.30 to 0.60 gramme ($4\frac{1}{2}$ to $9\frac{1}{4}$ grains). Make an ointment, to be applied to the wheals. (*Practitioner*, September, 1894.)

Selected Contributions to Recent Literature.

De l'intervention chirurgicale dans la péritonite tuberculeuse. Par M. le Docteur F. Legueu.—*La Semaine Médicale*, February 10, 1894.

Nature et traitement de l'erysipèle. Par M. H. Lebou, Interne des hôpitaux de Paris.—*Gazette des Hôpitaux*, February 10, 1894.

An Address on the Treatment of Cancer of the Breast. By W. Watson Cheyne, M.B., F.R.C.S., Professor of Surgery in King's College and Surgeon to King's College Hospital.—*British Medical Journal*, February 10, 1894.

Un cas d'urticaire pigmentaire. Par le Dr. Leon Derville, Professor suppléant.

Anomalies de l'entrecroisement des pyramides antérieures. Par le Dr. H. Bidon.—*Marseille Médicale*, February 1, 1894.

The Insane Disorders of Childhood. By John Madison Taylor, M.D. —*Archives of Pediatrics*, February, 1894.

A Lecture on Facial Paralysis. By W. R. Gowers, M.D., F.R.S.—*Clinical Journal*, February 14, 1894.

Un Caso di Sifiloma Iniziali del Sett Nasale Cartilagineo. Per il Dott. Robert Cimmino.—*Bollettino delle Malattie dell'Orecchio*, etc., Florence, February, 1894.

On the Influence of Bleeding and Transfusion upon the Respiratory Exchange. By M. S. Pembrey, M.A., M.B., Christ Church, Assistant to the Professor of Physiology, Oxford; and A. Gürber, Ph.D., Assistant to the Professor of Physiology, Würzburg.—*Journal of Physiology*, Cambridge, England, January, 1894.

Nouveau Modèle de déridoir Sterilisateur pour fils à ligatures et à sutures. Par. E. Forgue, Médecine-Major de 2d Classe, Professeur à la Faculté de Médecine de Montpellier.—*Archives de Médecine et de Pharmacie Militaires*, February, 1894.

An Improved Stretcher for Hospital, Ambulance, and Military Use. By E. D. Worthington, M.D., F.R.C.S.Edin., Surgeon-Major (R) Can. Vol. Militia.—*Montreal Medical Journal*, January, 1894.

Casuistischer Beitrag sur Lehre von der Stenose des Isthmus aortæ. Von Dr. Claessen, prakt. Arzt zu Aachen.—*Internationale klinische Rundschau*, Nos. 4 and 6, 1894.

Case of Entero-epiplocele; Strangulated, Burst Gut; Operation; Recovery. By W. E. Sleet, M.D.—*American Practitioner and News*, January 27, 1894.

Ein Fall von Pseudogallensteinkoliken bei choledochusobstruction. Einige Angaben über die pharmacologische Wirkung von Calomel und Oleum olivarum. Von Victor Schultz.—*Berliner klinische Wochenschrift*, No 6, 1894.

A Case of Emphysematous Gangrene of the Hand due to the Streptococcus Pyogenes and the Bacillus Aërogenes Capsulatus; Recovery without Amputation. By Arthur Howard Mann, Jr., M.D., of Baltimore, Assistant Chief of Clinic to the Professor of Surgery and Assistant Demonstrator of Anatomy in the University of Maryland.—*Annals of Surgery*, February, 1894.

Influence des Maladies du foie sur la pathologie du rein et les Modifications de l'urine. Par M. A. Charrin.—*Semaine Médicale*, February 14, 1894.

Monographs Received.

The editor acknowledges, with thanks, the receipt of the following monographs:—

Address of Dr. Walter Wyman, Supervising Surgeon-General, United States Marine-Hospital Service, in the Matter of Establishing a Bureau of Public Health in the Department of the Interior, Washington, May 18, 1894.

——Sulla Utilità della Ginnastica Vocale e Polmonare, per i bambini e fanciulli gracili o delicati di petto e sui migliori metodi per eseguirla, per il *Prof. Vittorio Grazzi di Firenze.*——Scorbutus in Infants, by *William P. Northrup* and *Floyd M. Crandall*, New York City, May 26, 1894. ——Electrical Treatment of Fibroid Tumors, by *G. Betton Massey*, Philadelphia.——Electricity in the Treatment of Chronic Prostatitis and Other Conditions Underlying Impotence in Men, by *G. Betton Massey*, Philadelphia. ——Transactions of the Fifteenth Annual Meeting of the American Laryngological Association, New York, May 22, 1893.——Case of Cysticercus of the Vitreous, by *W. Cheatham*, Louisville, Ky.——Remarks on Intracranial Surgery, by *Byrom Bramwell*, Edinburgh.——Contribution à l'Étude de l'Ulcère Perforant de la Cloison du Ney, *Dr. E. J. Moure*, Bordeaux.——Treatment of Inoperable Malignant Tumors with the Toxins of Erysipelas and the Bacillus Prodigiosus. The Relation of Recent Bacteriological Studies to the Etiology of Typhoid Fever, *John H. Kellogg*, Battle Creek, Mich.——"Travaux d'Electrothérapie Gynécologique," Archives semestrielles d'électrothérapie Gynécologique, par le *Dr. G. Apostoli*, Paris, 1894.——Rinitis Atrofica, por el *Dr. Emilio Martinez*, Habana, 1894.——An Operation for the Radical Cure of Fistula in Ano by an Improved Method, by *Augustin H. Goelet*, New York, July 1, 1894.—— Ligation of the Base of the Broad Ligaments, Including the Uterine Arteries, per Vaginam, for Fibroids of the Uterus, by *Augustin H. Goelet*, New York, June 1, 1894.——Bristol Medical School, by *Augustin Prichard*, Bristol, England.——The Physiology and Pathology of the Tonsils, by *John North*, Toledo, Ohio.——The Rocky Mountain Region, Especially New Mexico, by *Francis W. Gallagher*, El Paso, Texas.——Colorado School of Medicine Announcement, 1894–95, Boulder, Col.——Alumni Oration, Medico-Chirurgical College of Philadelphia, by *Hon. Charles Emory Smith*, Philadelphia, May 10, 1894.——Medical College of Alabama, Annual Announcement, 1894–95, Mobile, Ala.——Adenoid Vegetation of the Naso-Pharynx, by *John North*, Toledo, Ohio.——Annales de l'Œuvre des Enfants Tuberculeux, Paris, April, 1894.——Chairman's Address, American Medical Association, *Joseph Eastman*, San Francisco, Cal., June 5, 1894.——Michigan College of Medicine and Surgery, Annual Announcement, 1894–95, Detroit, Mich.——Empiema en los Niños, por el *Dr. D. Andrés Martinez Vargas*, Barcelona, 1893.——Emploi pour les Nourrissons du Lait Sterilisé, par *MM. P. Budin* et *A. Chavane*, Paris.——Diagnosis of Mitral Valvulitis, by *Judson Daland*, Philadelphia——Influence of Dress in Producing the Physical Decadence of American Women, by *J. H. Kellogg*, Battle Creek, Mich.——Differential Diagnosis of Alcoholic Coma from Other Forms of Coma, by *Lewis D. Mason*, Fort Hamilton, N. Y.——Bismuth Subgallate (Dermatol) in Dermatology, *J. A. Cantrell*, Philadelphia.——University of Louisville, Medical Department, Annual Announcement, 1894–95.——Treatment of Ivy Poisoning, *J. Abbott Cantrell.*——Case of Herpes Zoster showing Erythematous, Papular, and Vesicular Stages, *J. Abbott Cantrell.* ——Alumnol in Dermatology, *J. Abbott Cantrell.*——The Action of Heat in Ringworm, *J. Abbott Cantrell* and *E. J. Stout.*

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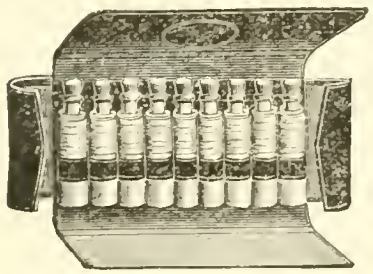
The writer of this, some years ago, adopted a case, here shown, which has been extensively introduced by the various granule manufacturers until it is carried, probably, by more physicians than any other one style of case on the market. Most cases are so large that they are cumbersome, and are soon thrown aside, the physician trusting to luck not to need it, or to get along with his hypodermatic, or a stray vial or so that he may chance to have in his pocket.



This little case is adapted in size and style to be carried in the upper vest-pocket, where it finds abundance of room (and in the writer's own pocket it leaves space to accommodate a fever thermometer, a fountain pen, and a pencil). As will be seen by the cut, it carries nine vials; these are of half-drachm size, and will hold 100 each of the average-sized granules,—900 doses. So you see it is *multum in parvo*.

With what this shall be filled depends upon the physician himself, his style of practice, and the cases he will meet. In my own case, at this season of the year (I always change a trifle to fit the season), will be found, first, glonoin (nitroglycerin, or trinitrin as it is sometimes called), gr. $\frac{1}{250}$, and of all the remedies for an emergency case this stands pre-eminently the most important. To relieve spasm from any cause, to stimulate a flagging heart, to relieve syncope or pain from internal congestion, this drug stands without a peer. A granule chewed and allowed to absorb from the tongue, or dissolved in a teaspoonful of hot water and poured between the set teeth of a spasmodic patient, relieves like magic, and is often curative in itself. Its action is to dilate the skin-capillaries, causing a rush of blood to the surface, relieving congested nerve-centres. Second, and not less important, is the "king of pain," morphine, which I carry in granules of $\frac{1}{12}$ grain each. Nothing need be said on the uses of this drug, except that where a quick effect is needed the same is hastened by solution in hot water, and the use of the hypodermatic thereby avoided. I will mention hyoscyamine third and strychnine arseniate fourth. Pages might be written on the use of these two, but I will simply suggest the action of the first to relieve pain and spasm by dilatation of constricted circular muscle-fibres, as in colic, dysmenorrhœa, asthma, etc., and the sustaining action of the last, which would indicate its use to guard against relapse, with all remedies applied to the relief of acute conditions attended by a faltering of any organ. Nausea is often quickly overcome with a granule of zinc sulpho-carbolate, gr. $\frac{1}{6}$, and so I number this fifth; with codeine, gr. $\frac{1}{6}$, sixth, it will not only relieve a worrying child, suffering with pain and languor from a decomposing dinner taken into a stomach not ready to receive it, but many other conditions that will present themselves. Aconitine amor., gr. $\frac{1}{131}$, in this naming comes seventh, giving its usual first place to glonoin, but is none the less useful for all that. It should be added to the treatment of all conditions attended with fever. The size here given is adult dosage, but with judgment may be used undissolved at all ages from ten years up; in other cases it should be dissolved in water in appropriate quantity. This leaves two more loops, which are occupied by calomel, gr. $\frac{1}{6}$, and digitalin, gr. $\frac{1}{60}$. With this assortment we cannot only meet emergencies, but can do a large percentage of an extensive practice; and the case is so small and compact that its presence is often forgotten until the need arrives when it proves itself "a little giant," as some have called it.

To be always prepared is the duty of the physician. It pays in more ways than one, and how this can be accomplished to the best advantage should be a matter of more than passing interest.

I shall be glad to answer any questions that may arise in this connection by personal letter or through The Universal Medical Journal.

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Philadelphia, June 16, 1894.

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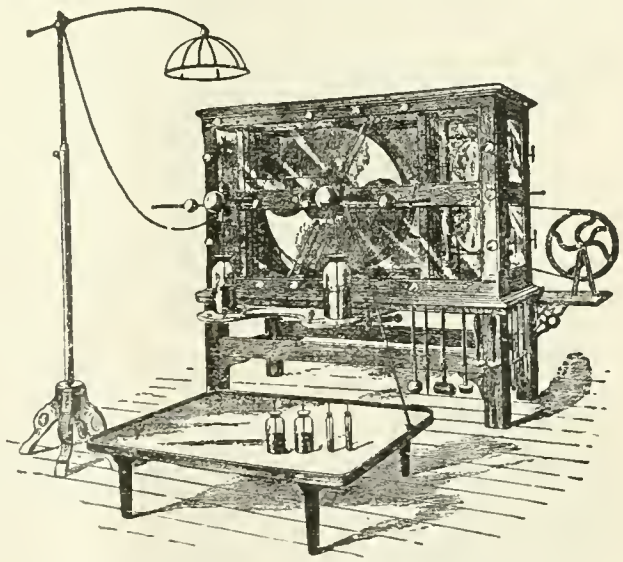

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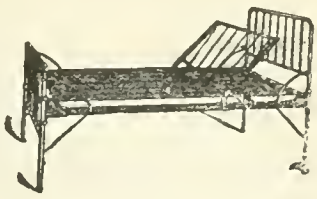

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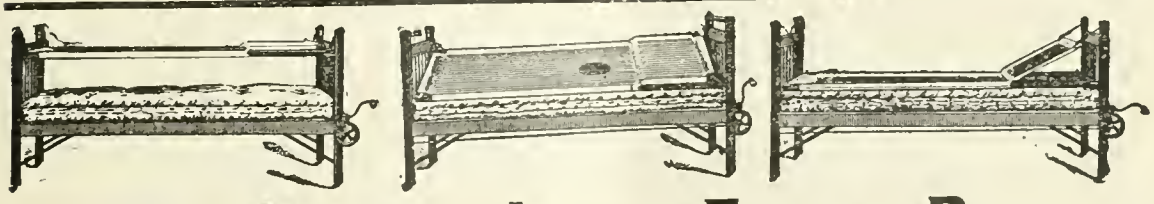

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FRANCE.

HUITIÈME CONGRÈS FRANÇAIS DE CHIRURGIE.

Meeting at Lyons, October 9 to 13, 1894.

THE ACTION OF CHLOROFORM ON THE HEART.—M. A. GUÉRIN, of Paris, stated that death from arrest of the heart might be prevented in chloroform anæsthesia simply by having the patient inhale the chloroform only by the mouth. In death from arrest of the heart the cardiac muscular fibres cease to contract under the influence of a nasal-nerve reflex, which causes inhibition of the heart through the medium of the pneumogastric. If a rabbit be made to inhale chloroform directly through the trachea after tracheotomy, the heart is in no way affected; if, however, the animal be made to inhale it through the nose, the heart is arrested; now, as the trachea has been cut transversely, the chloroform inhaled by the nose cannot pass the bronchi. It is, therefore, plain that the anæsthetic acts upon the heart-movements only through the nasal nerves and the cardiac nerves of the pneumogastric; the former acting reflexly upon the latter. In administering chloroform, therefore, its action upon the nasal nerves should be prevented by pressing the nose of the patients between the fingers of the hand holding the compress until anæsthesia be produced, when the nasal fossæ, being also anæsthetized, will have no reflex action.

DIRECT DIGITAL COMPRESSION OF THE ILIAC VESSELS IN DISARTICULATION OF THE HIP.—M. CHALOT, of Toulouse, observed that the two chief causes of mortality in disarticulation of the hip were, until recently, infection and hæmorrhage. The antiseptic method has reduced the deaths from the former cause, but the latter, although not so mortal as in other years, is still grave enough to receive the study and attention of surgeons. To

bring the operation of disarticulation to the same condition of preventive hæmostasis as amputation of the thigh, the author invented, in 1892, a method which consists in directly compressing with the fingers, through an iliac incision, the lower portion of the common iliac vessels, two centimetres within the antero-superior spine of the ilium. The skin, cellular tissue, and superficial fascia are successively divided for five centimetres, the incision corresponding to the spine of the ilium; the superior oblique, inferior oblique, and transverse muscles, as well as the deeper layer of the aponeurosis of the transverse, are then cut and the peritoneum detached with the finger in the direction of the promontory. The common iliac artery is easily found when the angle formed by the internal rounded edge of the psoas and the corresponding flank of the promontory is reached. Direct compression of the artery against the wing of the sacrum may now be confided to an assistant and the disarticulation may be proceeded with, not forgetting that there will be a reflux of blood from the upper end of the femoral vein, since the common iliac vein cannot be compressed at the same time as the corresponding artery. When the operation is finished the small iliac wound may be sutured, and, if asepsis has been proper, no complication need be feared. M. Chalot had employed this method, in a young man of 26 years, for encephaloid sarcoma of the thigh. There was some hæmorrhage from the iliac vein, but this was easily controlled by a ligature, and when the operation was finished the patient had lost but 120 grammes (4 ounces) of blood. On the twentieth day cicatrization was complete, and the patient was able to go about on crutches. He died from recurrence six months later. The local condition was perfect.

M. Pollosson, of Lyons, preferred simply to amputate the thigh and then remove the upper extremity of the femur,—a method in vogue since the beginning of the century. He had performed this operation many times, as had M. Poncet, and only ten days previously had had a case in which not more than 30 grammes (1 ounce) of blood had been lost. When care was taken to apply an Esmarch bandage at the root of the member, the danger from hæmorrhage was not of moment; but, on the contrary, a veritable transfusion took place, the blood being made to flow into other parts of the body before removing the limb.

M. Chalot regarded the operation spoken of by M. Pollosson as only applicable in a certain number of cases, while the one described by himself was suitable for all, and especially in cases of tumor involving the root of the member, where the other method would be incomplete and would expose the patient to the danger of rapid recurrence in the stump.

Preliminary Cystotomy in Certain Vesico-Vaginal and Vesico-Intestinal Fistulæ.—M. Pousson, of Bordeaux, in a paper on this subject, said that the American method had given too good results to permit of any other procedure being substituted for it. There are cases, however, which cannot be operated on through the vagina, such as juxta-cervical fistulæ, or where there is atresia of the vagina; and in these instances an effort has been made to create a direct passage through the bladder by supra-pubic cystotomy. To 7 cases of this kind already recorded the author now

added a personal case. Of the 8 cases 2 were entire failures, 2 were partial and 4 complete successes. The results were, therefore, quite encouraging. His own case was that of a little girl of 6 years, with a fistula, following a vesical calculus, opening into the vagina. The vaginal method had failed, but complete cure was obtained by means of supra-pubic cystotomy. The method, in the opinion of the speaker, merited considerable attention, as it was not only applicable to certain vesico-vaginal, but also to vesico-intestinal, fistulæ, the danger being much less than with laparotomy.

M. Albarran, of Paris, recalled, in this connection, the advantages of supra-pubic cystotomy in urethral as well as ureteral intervention. In a man suffering from calculous pyo-ureteral fistula opening near the antero-superior spine of the ilium, he had performed supra-pubic cystotomy, and inserted a self-retaining catheter into the ureter, reaching above the fistula, bringing it out by the hypogastric wound. He withdrew it ten days later, and, after a slight complementary operation, obtained a complete cure, which now dates back fourteen months.

M. Poncet, of Lyons, believed with M. Pousson, that many supposed incurable cases of vesico-vaginal fistulæ were amenable to treatment by the supra-pubic operation, but that there were many other cases which could only be treated by permanent supra-pubic cystotomy combined with occlusion of the vulva. He had recently operated upon such a case, the woman leaving the hospital in a very good condition, with an hypogastric opening which permitted the carrying of a vessel for the urine.

M. Loumeau, of Bordeaux, operated on a man of 36 years, who for two years suffered from difficulty in micturition, and who had been treated by repeated catheterism for supposed stricture. Hæmaturia occurring, M. Loumeau made a cystoscopic examination, and found a small papilloma, which he removed by supra-pubic section. The case is interesting on account of the late appearance of hæmaturia, two years after the beginning of the symptoms. He had also used the method in the treatment of certain urethral fistulæ, notably in a patient who had submitted to several attempts at local treatment, and in a case of hypospadias in which the method of Duplay had been employed six years previously. The first stage of the hypogastric operation in the latter case was at once successful, and a month later the operation was finished, the patient completely recovering.—*La Semaine Médicale*, October 10, 1894.

Académie de Médecine.

Meeting of September 25, 1894.

Consanguinity and Morbid Heredity.—M. G. Lagneau stated that an injurious influence upon the offspring was often attributed to the consanguinity of the parents, whereas in reality the true factor was morbid heredity. He advanced the opinion that the latter exercised a directly bad effect upon the descendants, while consanguinity, if not allied with a morbid inherited taint, was generally advantageous. About forty years ago a number of physicians—among them Ménière, of the Academy; Devay, of

Lyons; Bemiss, of America; and Boudin, of Paris—believed that they had observed, in the children of parents related by blood, a greater tendency to certain diseases than in other children, and especially a greater liability to deaf-mutism. Since that time consanguinity has been regarded as a cause of deterioration in the descendants. However, in 1859 M. Alfred Bourgeois showed that, in spite of sixteen consecutive consanguineous marriages, his family had remained perfectly healthy. Apropos of this statement, Périer observed that it was not healthy, but morbid consanguinity with hereditary taint which should be blamed as the cause of disease in the posterity; and since that time a number of writers have shown that when husband and wife are perfectly healthy, whether related by blood or not, their children have every chance of being healthy; but, on the other hand, if both are diseased by heredity, even if not related, their children are very likely to suffer from hereditary vices.

Zoölogy, history, anthropology, and demography show that healthy consanguinity is not in the least harmful, and is even of advantage to the offspring. Certain animal species, as the roebuck and pigeon, almost always form consanguineous unions, while the value of "breeding in and in" is well known. Fustel de Colanges recalls the fact (*Cité antique*, p. 81, 1888) that, among the Greeks, brothers and sisters of the same father, but of different mothers, could marry each other. When the Ptolemies, of Grecian descent, became the sovereigns of Egypt, the brothers and sisters frequently intermarried for dynastic reasons; Cleopatra herself, the beautiful and seductive, married her two brothers, Ptolemy XII and Ptolemy XIII.

In France consanguineous marriages are much more distant; but between cousins and cousins, uncles and nieces they are frequent, and far less harmful than is generally supposed. This frequency depends upon diversity of religious belief, profession, or social position, which confine the marriages within the limits of certain families, either of Catholics, Protestants, or Jews; of sailors, laborers, artisans or miners, or, very often, of rich and poor. In one village in the department of Aisne no other cause could be found for the frequency of intermarriage but a uniformity in the degree of prosperity. In the Pyrénées the inhabitants of certain hamlets, as Goust, near Eaux-Chaudes, according to Gubler, never marry except among themselves. Revillout, Voisin, and Aubert have noted the healthfulness of the salt-miners of Batz, where intermarriage is so frequent that, of 2733 inhabitants, 490 bear the name of Lehuédé. Lanery observed that four families of Picardy, who established themselves in 1670 at Fort Mardick, in a Flemish province near Dunkerque, in spite of consanguineous marriages, formed, in 1886, a population of 1481 inhabitants, who appeared to have excellent health and vigorous constitutions.

M. Guéniot remarked that he had, in his practice, observed a number of cases of the marriage of cousins-german, nieces and uncles, and that he considered M. Lagneau's opinion perfectly justified in theory, though in certain instances of close relationship he had noted the birth of sickly or deformed children; in one instance, in which the husband was the uncle of his wife, of six or seven children, but one could be raised, a deaf-mute girl.

However, it frequently happened that the interested parties were very careful to conceal any hereditary taint, and it was therefore best to exercise the most extreme prudence in authorizing the marriage of near relatives.—*Bulletin de l'Académie de Médecine*, September 25, 1894.

GREAT BRITAIN.

Kidderminster Medical Society.

Meeting of September 28, 1894.

Intussusception in the Male.—Mr. J. Lionel Stretton read notes on a case of intussusception in a male aged 20 years. On July 12, 1894, whilst lifting a sixty-four-gallon barrel of beer from a cart, the patient suddenly felt a severe pain in the "stomach," which made him drop the barrel. He walked home, about half a mile, and went to bed, when the pain increased, and he started vomiting. He was given opium, and during the night his bowels acted naturally. On admission to the hospital, at 10 A.M. on July 13th, the patient walked up to the ward quite easily, and did not appear to be suffering much pain. On examination of the abdomen the recti were rigid, there was no distension, and the pain, which was referred to the epigastrium, was only slightly increased on pressure. During the day flatus was passed at intervals, and vomiting occurred twice; the pulse was 75, and the temperature 99.6° F. (37.6° C.). He passed a quiet night and slept several hours, and there was no increase in his symptoms. On the afternoon of the 14th he commenced to vomit again and continued until evening, during which time about 50 ounces (1550 grammes) of semi-digested milk, which was bile-stained, were egested, flatus was passed freely, and there was considerable hiccough; the pulse was 78, temperature 99.2° F. (37.3° C.), and the respiration 25. At 9.45 P.M., as the symptoms appeared to be increasing, it was decided to explore the abdomen. On opening the abdominal cavity nothing abnormal was seen; a loop of bowel was withdrawn and traced to the lower end of the ileum, where an intussusception about four inches long was discovered. There were flakes of lymph in the neighborhood, and considerable difficulty was experienced in reducing the invaginated bowel, which was found to be œdematous and considerably congested. The whole was returned to the abdomen and the wound closed, a drainage-tube, leading down to the damaged bowel, being inserted. July 15th: The patient had passed a quiet night; slept several hours; no hiccough or vomiting; passed flatus. Has had 1 drachm (4 grammes) of hot water every three hours. July 17th: Temperature, 98.2° F. (36.8° C.); pulse, 50. To have milk and water. July 21st: Bowels acted after enema; stitches removed; wound healed. August 2d: Patient up and about. The case was of interest on account of the very slight constitutional symptoms accompanying such acute local mischief, and this was explained as the patient convalesced, when it was found that his normal pulse was about 50 and his temperature about 97° F. (36.1° C.), showing that in reality he was suffering from severe constitutional symptoms previously to the operation. It emphasized the advisability of an exploratory operation in doubtful cases.—*Lancet*, October 6, 1894.

UNITED STATES.

Allegheny County Medical Society.

Meeting of August 21, 1894.

A Case of Pachymeningitis Hæmorrhagica Interna Successfully Treated by Trephining over the Motor Centres.—Dr. J. J. Buchanan reported the case of a man 65 years of age, who was injured, about June 10, 1894, by falling from a cable-car, which he endeavored to board as it was starting. He fell and struck the stone pavement with the *right* side of his head, and was at once rendered unconscious. He was carried into a waiting-room near by, and in a very few minutes returned to consciousness. Shortly afterward, with the assistance of a friend, he was able to walk to his home, a distance of about two blocks. A considerable effusion of blood had taken place beneath the scalp on the right side of his head, behind and above the external angular process of the frontal bone. There was no evidence of fracture then or thereafter, and his injury was not considered of sufficient gravity to require the services of a medical attendant. In five or six days he was well enough to take a trip to the country, where he remained for about two weeks. At the expiration of this period he returned to his work,—that of car-dispatcher for the traction line. From the time of his injury, however, his friends noticed that "he was not the same man"; at times he was a little "queer." During the last week of July he began to complain of stiffness and weakness in his right leg. This increased till, in a few days, he was obliged to walk with a cane; it was then discovered that his right arm also was becoming helpless. A hesitancy in speech soon followed. He consulted a physician about this time, who prescribed an alterative and gave a favorable prognosis. His condition, however, became steadily worse, and when he was seen for the first time, on August 7th, he presented the following symptoms:—

Total paralysis of motion in the right arm and leg. Sensation, both tactile and for pain, retained in the same parts. No facial paralysis. Intellect somewhat dull. Partial aphasia. Pulse full and slow, 60 to 66 to the minute. Temperature, 98.2° F. (36.8° C.). Pupils normal and equal in size. Bowels constipated. Urine voided naturally. Two days later, a very considerable increase of dullness of intellect was found, amounting almost to coma. Paralytic symptoms unchanged. Temperature, 98° F. (36.7° C.). Urine passed involuntarily. The indication for operation was quite clear. The condition supposed to be present was cerebral abscess, located in the position of the motor centres. He was at once removed to Mercy Hospital, where his head was shaved, an antiseptic dressing applied, and a calomel purge administered.

Operation, August 10th. The shaved head presented no evidence of injury. The line approximately overlying the fissure of Rolando was marked on the left side of the scalp with the edge of a bistoury, according to the method of Thane. A simple device was used for fixing this line,—a thin sheet of aluminium, shaped in the segment of a circle, with a radius of three and three-eighths inches and an angle of sixty-seven degrees,

crimped slightly at the circumference to give it enough convexity to permit its easy application to the scalp. This has the advantages of being aseptic, permanent, cheap, and easily handled, and has proven very satisfactory in a number of cases. Chloroform was administered. The scalp was rendered bloodless by a few turns of rubber tubing over the brows. This, also, has proven a very valuable expedient, saving time, trouble, and blood. It is unnecessary to remove it till the stitches have been inserted and the dressing applied. It can be safely used in children before the fontanelles have closed, the speaker having used it a few days later in a child of 3 months. A large flap of the soft parts was turned forward, and a trephine, one inch in diameter, applied over the arm-centre, and the opening enlarged somewhat with rongeur forceps. The dura mater bulged into the wound without pulsation, and was incised and a flap retracted. This exposed a bluish membrane, through which an exploring needle was passed, which gave exit to a dull-red, serous liquid. This membrane, less than a line in thickness, was incised, and about 4 ounces (124 grammes) of the liquid flowed away. The greatest extent of the cavity, when explored by a probe, was downward, inward, and forward. A rubber drain, about six centimetres in length, was passed into the cavity and brought out through an incision in the scalp-flap. Silk-worm-gut sutures were inserted and an antiseptic dressing applied. As the turns of the external bandage were tightened, the constricting rubber band was removed.

Soon after the patient came out from the influence of the anæsthetic, a marked improvement was observed in his mental condition. On the following morning his mind was to all appearances perfectly clear, and he was able to move his right hand and foot. On the second day he was able to raise his right leg from the bed, and had a corresponding increase of power in his right arm. He had then no evident aphasia. There was no reaction from the operation; the temperature did not rise above 99° F. (37.2° C.) till the fifth day, when it was 100.5° F. (38.1° C.). On the following morning it had returned to the normal. The wound was dressed and the drain removed on the third day. The dressings were dry and drainage seemed to have ceased.

[*Note by Dr. Buchanan.*—September 13th: The patient was removed to his home on the thirteenth day after operation, and was then given iodide of potassium up to 40 grains (2.60 grammes) thrice daily. During the second week after operation his condition was not quite as satisfactory as in the first; but thereafter his improvement was continuous and rapid. At this writing he is able to walk about the streets without assistance, has a good grasp with his right hand, and his mind is clear. His memory of the two weeks during which he was in the hospital and the few days before his removal there is an entire blank.]—*Pittsburgh Medical Review*, September, 1894.

Selections from Reports of Members of the Annual's Editorial Staff.

Japan.

DR. W. N. WHITNEY,

CORRESPONDING EDITOR FOR MEDICAL LITERATURE OF JAPAN.

All books, theses, monographs, etc., published in Japan should be sent to

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Middle-School Education.—MR. INOUYE KI, the Educational Minister, in a recent address on the physical deficiencies of Japanese children, remarked that, whereas foreign students at the Imperial University are generally very healthy, Japanese students appear to be weakly. This is due to the excess of working-hours and the method of education, which taxes too severely the memory of the students. Dr. Baelz has also observed that Japanese students have too little physical exercise in proportion to their college hours, and many of them die shortly after graduation. When visiting the Kyoto Higher Middle School the minister noticed that, in a class of seventeen students, seven wore spectacles. Statistics of the near-sighted pupils showed that the percentage increased as the pupils rose in class, until 60 per cent. of those in the final grade wore glasses. At the Osaka Hospital lung diseases were found to be most numerous among students, 58 male and 6 female students having been treated during the past year for these affections.

The average weight of a Japanese is very low. Dr. Baelz gives 143.16 pounds as the average weight of a German student, and 121.13 pounds as that of a Japanese student. The students who come up to the higher middle schools from the lower ones weigh, on an average, 107.64 pounds, and their average weight on graduation is 116 pounds. The University graduates, who are generally about 24 or 25 years old, are almost all of the same weight, and show a decreasing average in the third and fourth years of college life. The minister has, therefore, decided to inaugurate a reform whereby the hours of study will be much curtailed, and more attention given to physical training.—*Japan Gazette.*

A Remarkable Osteoma.—DR. T. KIKUCHI successfully operated on a case of osteoma in a patient, aged 21 years, who had been weakly from childhood. At the age of 5 years he had suffered from impetigo of the entire body, this disappearing at the age of 8. A tumor soon made its appearance in the cervical region, and gradually increased in size, until at the time of operation it looked like a pair of tumors side by side, the right one being

larger than the left and occupying the space between the occipital protuberance and the sixth cervical vertebra, extending to the antero-inferior portion of the mammillary process in front and projecting under the skin in the back. The left one occupied a similar position, but more to the front. The tumor was hard and smooth, not elastic and dull on percussion, crepitation being sometimes heard when the growth was moved. There was no pain on pressure; no abnormality of the brain, spinal cord, or nervous system. The only subjective symptoms were the weight of the tumor and a feeling of weariness when reading. The growth was diagnosed as an osteoma having its seat in the spinous process of the cervical vertebræ. Operation was performed on November 28, 1893, under chloroform. A longitudinal incision was made in the soft parts on the right side, about thirteen centimetres in length, with the idea of performing subperiosteal extraction, but the periosteum adhered so firmly to the bone that such a method was impossible. An effort was now made to extract the right tumor by separating the periosteum and subcutaneous cellular tissue, but this also was impracticable owing to its firm union with the left tumor. A longitudinal incision of ten centimetres was then made in the left tumor, but it was also impossible to remove this growth, and an examination, by the introduction of both hands, showed that there were not two tumors, as had been supposed, but one large growth in the form of a cocoon, the central, depressed portion being deeply covered by the thickened rectus of the cervical region, thus presenting the appearance of two tumors. A transverse incision in the form of a letter H was made, the cervical muscle cut across, and the fingers introduced. The larger portion was found to be free, adhering only to the periosteal tissue at a point below the occipital protuberance, where the cellular tissue was much developed, while the smaller portion was connected with the second cervical vertebra by a hard stem, fixing the entire tumor. An effort was made to break the stem with both hands, but the motion caused dyspnœa in the patient, and, as there was danger of injuring the spinal cord, the tumor was removed piecemeal, the larger portion being cut off with a chain-saw, and the stem cut across obliquely. The latter was bony and as thick as a man's thumb. Hæmorrhage was abundant and could not be controlled by artery-forceps or ligature. Forceps were left in the wound with iodoform gauze, the ends of the cervical rectus and the skin united, dry straw-ashes and a bandage applied. The condition of the patient was quite low for a couple of days, but by December 3d he had rallied under appropriate measures, and the forceps and iodoform gause, with a few stitches, were removed, a large rubber tube applied, and a bandage put on as before. On December 20th he was discharged from the hospital, and in the beginning of January the wound was almost healed. The size of the tumor was 39.5 centimetres in length, the circumference of the larger part being 32.0 centimetres, the smaller part 25.5 centimetres, the middle part 23.0 centimetres, while the weight was 580 grammes (18½ ounces).—*I Kai Jiho*, No. 3, 1894.

Mexico.

DR. F. SEMELEDER,
REDACTOR-CORRESPONDIENTE POR LA LITERATÚRA MEXICÁNA.

Todos los periódicos médicos, libros, tesis, monografías, etc., publicados in Mexico deben ser enviádos al Señor

DR. F. SEMELEDER,
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Tape-Worm in Mexico.—DR. JESUS SANCHEZ, in a study of this subject, states that thread-worm is the commonest intestinal parasite in Mexico, the next in order in frequency being the tæniæ solium and saginata, bothriocephalus, and the least frequent oxyuris. (Personally, the reporter is of the opinion that tænia is ten times more common here than in Europe; at least, than it was thirty years ago.) Not infrequently two or more tæniæ co-exist in the same person. Sanchez saw one case in which eight tæniæ were passed, the patient being a young student. A case of tænia saginata was observed in a child of 6 years. Cysticercus in the eye has been observed six times, being double in one case. Echinococcus and hydatids are rare, and only imported cases of bothriocephalus have been noted.—*Gaceta Med. de Mexico*, vol. xxxi, p. 21.

Yellow Fever in Cordova.—According to C. PENA, a severe epidemic of this disease occurred in the city of Cordova (50,000 inhabitants), in 1892 and 1893, 1500 deaths being registered in 1893. The fever never originates in Cordova, but is imported and finds a favorable soil if proper precautions be not taken. Sometimes eight or nine years pass without an epidemic, though a few cases occur each year. If the first cases be properly isolated, their belongings destroyed or carefully disinfected, the spread of the disease will be prevented. The epidemics begin in July and end in November, corresponding more or less to those at Vera Cruz. The mortality in 1893 was 100 per cent. in July, 5 per cent. in August, 12 per cent. in September, 30 per cent. in October, and 2 per cent. in November. With regard to treatment, the mortality by the alkaline method was 7.8 per cent. in 347 cases; by the acid method, 7.82 per cent. in 166 cases. The average mortality in 659 cases was 6.57 per cent.—*El Reporter*, April, 1894.

Norway.

DR. F. LEVISON,
REFERENT FOR DEN DANSK LITTERATUR VEDRÖRENDE: ALMINDELIG MEDICINSK PATHOLOGI OG THERAPI, DERI INDBEFATTET, NERVE- OG SINDSSYGDOMME, PÄDIATRIK, OBSTETRIK, GYNÄKOLOGI, HYGIEINE, DEMOGRAPHI, RETSMEDICIN, PATHOLOGISK, ANATOMI, BAKTERIOLOGI.

Alle medicinske Böger, Disputatser, Monographier, Tidsskrifter etc., der adkomme i Danmark bedes sendt til

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Carbonic-Acid Poisoning from Decayed Rye.—HOLST records a case of fatal poisoning by decayed rye. A steamer freighted with rye had been shipwrecked on the coast of Norway, and the rye had sunk to the bottom of the sea After some time it was pumped up, dried, and sold as fodder for cattle. Six months later the master of a small craft was employed to carry a cargo of the damaged rye, which was pumped directly from the bottom of the sea into the hold of the little vessel. The rye was much decayed, and the skipper occasionally felt faint, and was frequently obliged to go on deck to get a breath of fresh air. On board the craft was the mas-

ter's son, a boy of 11 years, who was employed for two hours and a half to pump out the water from the wet rye. When he had finished this task, he was ordered to go to the cabin and make coffee. Ten or fifteen minutes later he was found there lying dead on the floor. At the post-mortem examination all the internal organs, lung, brain, etc., were found to be overloaded with blood, and death from suffocation was diagnosed. Dr. Holst examined a portion of the rye and found it in a state of active fermentation, bubbles of air being constantly formed, which by analysis were shown to contain from 50 to 87 per cent. of carbonic acid, traces of ammonium sulphide and sulphuretted hydrogen, while the remainder was pure nitrogen. Experiments with white mice showed that young animals died sooner than adults when confined in a glass contaminated with carbonic acid, and that fatigued mice were much more liable to a speedy death than well-fed mice that were not fatigued. The hard labor performed by the boy, together with his youth, would therefore explain his death from the inhalations of carbonic acid, while his father and other adult persons employed in the same manner did not suffer to any extent.—*Tidsskrift for den Norske Lägeforening*, p. 191, 1894.

Hypnotics in Mental Disease.—HANS EVENSEN gives the results of his personal experience with the different hypnotics in mental diseases. Sulphonal was satisfactory in his hands, but in two cases caused hæmatoporphyrinuria, both, however, ending favorably. The drug is especially valuable in cases of violent agitation and acute mania. Tetronal and trional seem to have the same advantages and the same dangers as sulphonal. Amylene hydrate, in doses of 2 to 5 grammes ($\frac{1}{2}$ to $1\frac{1}{4}$ drachms) is a mild soporific, but somewhat uncertain, as is chloralamid and somnal. Paraldehyde, in doses of 2 to 8 grammes ($\frac{1}{2}$ to 2 drachms), is a valuable remedy if used only for a limited time; its habitual employment causes nervous disturbances. From experiments on forty-four women and thirty two men, hyoscine appears to act rapidly and to be efficacious, is indicated when it is desired to obtain rest and sleep at any cost, and is without danger if the dose of 0 001 gramme ($\frac{1}{64}$ grain) for each injection is not exceeded.—*Norsk Magazin for Lägevidenskaben*, p. 345, 1894.

Auto-inoculation of Hard Chancre.—S. NOLIN reports three cases of this kind. In the first the seat of the chancre was on the inner side of the eyelid, which the patient had rubbed continually, a particle of iron having lodged in the conjunctival *cul-de-sac*. In the second case the chancre was inoculated in the right arm-pit, while in the third it occurred in the folds of the prepuce.—*Norsk Magazin for Lägevidenskaben*, p. 383, 1894.

Contagiousness of Scarlet Fever.—YSTVEDT ascertained, in the course of some studies on this subject, that, in every case where control was possible, the duration of incubation was from two to four days, and that the disease may be transmitted during the entire period of desquamation,—*i.e.*, six weeks and even longer, if a second period of desquamation, equally contagious, supervene. The purulent secretions of the nose and ears are also infectious, and the author observed one case in which a patient leaving the

hospital carried the disease to his brothers eleven and twelve weeks after the appearance of the eruption.—*Norsk Magazin for Lägevidenskaben*, No. 4, 1894.

Sweden.

DR. F. EKLUND,
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SVENSK MEDICINSK
LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, böcker, afhandligar, monographier a. s. v. torde ett exemplar benäget öfversändas till

DR. ABRAHAM
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Development of the Auditory Nerve.—GUSTAF RETZIUS has studied the earlier phases of development of the nervous elements of the auditory ganglion, endeavoring to trace the ramifications of the filaments toward the periphery and centre. By means of Golgi's method, he succeeded in obtaining a series of very distinct and instructive preparations, showing that many of the nerve-cells in the spinal ganglion were not bipolar, but rather multipolar, not more than three filaments from each cell being seen. Of these filaments, one was directed centripetally toward the brain, the other two centrifugally, ending in free ramifications in the papilla basilaris. Comparison of a number of these cells showed a typical series of almost all the transition forms between the bipolar and tripolar cells. The two filaments of the tripolar cells gradually approached each other until they coalesced into a single filament, which became thinner and thinner, and from the apex of which peripheral filaments ran out in different directions, thus giving rise to the bipolar form of the developed acoustic ganglion. The central filament of the tripolar cells was of the axis-cylinder type, the other two resembling protoplasmic filaments.—*Hygeia*, lv, Supplement, p. 246.

Cyst of the Antrum of Highmore.—OTTO UMGREN had under his care a baker of 35 years, tall and thin, who for a long time had suffered from pain and swelling of the right cheek. Sensibility to pressure, however, was not increased. The tumor was hard and firm. Extraction of the first molar gave exit to a large quantity of sanguinolent pus having a bad odor, but not fetid. On sounding through the extraction wound, Umgren found a cavity the size of a small hen's egg, extending in various directions. There was no issue in the nasal cavity for the pus, which had accumulated in the antrum of Highmore.—*Journal odontologique*, ii, 3, p. 16.

Salubrin.—SEVE and RIBBING have made numerous experiments with salubrin (Hakarson), and have found it an excellent antiseptic for wounds of various kinds. They treated successfully contusions and serious injuries of the hands from machines, burns of the first and second degrees, frostbites, fissures, and ulcerations. In certain cases of eczema and other dermatoses it was also found useful, as well as in diphtheria, applied as a lotion or disinfectant. The authors, however, do not regard it as a specific in the latter disease.—*Eira*, xviii, 13, p. 418.

Clinical Notes.

The Antitoxin Treatment of Diphtheria.—Reports from various parts of England show that in a very large proportion of cases complete success has attended the use of the antitoxin serum in the treatment of diphtheria. Dr. Watkin Hughes, for instance, states that during the present severe epidemic of diphtheria at Barnham Broom, Norfolk, he has attended 40 cases; of the first 30 treated by ordinary methods, 10 died; in the next following 10 cases, which were very severe, the serum treatment was used, and every patient recovered after a single injection. To obtain the best results experience already accumulated proves that the treatment must be adopted at an early stage of the disease; but at the present time, unfortunately, there is considerable difficulty in obtaining a sufficient supply of the serum. In France its preparation on a large scale has been undertaken by the Pasteur Institute, and it is hoped that in a couple of months' time the supply will be sufficient for the needs of France. The British Institute of Preventive Medicine expects shortly to be in a position to supply a considerable quantity. The treatment, however, is rapidly passing out of the experimental stage, and in the case of a disease so murderous as diphtheria, which produces annually so fearful a mortality, especially among children, the public may well look to the State to take steps to insure a constant and adequate supply of the remedy at a reasonable cost. Professor Behring, in an address before the German Naturalists' Society of Vienna, stated that in Germany and Austria alone the mortality from diphtheria might be estimated to be about 2,000,000 in every ten years. The serum treatment would reduce this high mortality, amounting to over 50 per cent. of the persons attacked, to 10 per cent., and, if employed in the early stage, to 5 per cent. "In other words," he added, "about 1,500,000 lives may be saved every ten years, but of course the serum must be obtainable in large quantities. This is not now the case, and will not be the case until the State takes the matter in hand and prepares it at the public cost." The mode in which the serum is obtained at the Pasteur Institute is as follows: The animals which are to furnish the antitoxic serum are rendered immune by the injection, under certain precautions, of the toxin of diphtheria. This toxin is formed when the virulent bacillus is grown in broth, and in practice the rate at which it is produced is increased by drawing a current of air through the culture liquid. After three or four weeks the culture is sufficiently rich in toxin to be used. The animals employed are horses in good health, and previously tested by the injection of mallein to prove that they are free from glanders. The culture, filtered through a porcelain filter, yields a clear liquid, with which the horse is inoculated by injection under the skin. Gradually, by repeated injections over a period of two or three months, the horse is brought into a condition in which its serum possesses very high antitoxic properties. The animal does not suffer in health at all, or only to a very slight degree. The efficacy of its serum having been ascertained by a test experiment on a guinea-pig, the animal is bled. It suffers little from this operation, and it is possible, if necessary, to bleed it again in two or three weeks, but it is advisable in the interval to strengthen its immunity

by some further injections of the toxin. The animals used are cab-horses, sound in constitution, but broken down in limb, who after inoculation live a life of ease and luxury, varied by a periodical phlebotomy, such as our grandfathers submitted to voluntarily two or three times a year.—*British Medical Journal*, October 6, 1894.

Behring's Antitoxin.—Dr. H. U. Walker, in reporting a successful case, states, with regard to Behring's solution, that it has been proven that if a mixture of 0.001 cubic centimetre ($\frac{1}{64}$ grain), with the same amount of poison, is subcutaneously administered to guinea-pigs, not only are no symptoms of disease caused, but also no local symptoms are observable, especially no infiltration at the place of injection. The antitoxin solution contains 2 to 2.5 per cent. egg-albumen and a further admixture of 0.4 per cent. trikresol for preservation purposes. For the immunization of adults and elder children 1 cubic centimetre ($15\frac{1}{2}$ minims) of the solution is injected subcutaneously by means of a Pravaz syringe, which has been previously sterilized by alcohol and 3-per-cent. carbolic-acid or 1-per-cent. trikresol solution. For young children up to 2 years the dose should be 0.55 cubic centimetre (8 minims). The above quantity of antitoxin thus administered to persons threatened by diphtheria is at least ten times as much as is required to render them immune. The immunity from diphtheria is therefore much more lasting.—*Lancet*, October 6, 1894.

Manner of Using Antitoxin.—In order to arrive at any satisfactory conclusions, it is all important that in every instance where antitoxin is used there should be a bacteriological examination of the throat. It is also important that the urine of the patient should be examined for albumin before and after the injection. The dose for procuring immunity, according to some observers, is 1 cubic centimetre ($15\frac{1}{2}$ minims) for any age over 3 years, and half that for younger children. For a cure of the disease during the first two or three days, under 2 years of age, 2 to 3 cubic centimetres (31 to 46 minims); from 2 to 10 years, 5 cubic centimetres ($1\frac{1}{4}$ fluidrachms); over 10 years of age, 10 cubic centimetres ($2\frac{1}{2}$ fluidrachms). After the third day, in a severe case, twice as much may be used with positive advantage. If the disease does not seem to be ameliorated by the first dose, a second should be given in twelve hours. The question of dosage is one that can only be decided by a more extended use of this agent. In the account of the cases treated there is no evidence of any distressing or annoying symptoms caused by the injection. One advantage of this treatment is that, after the injection into the back or abdomen, there is no interference with the patient; no swabbing of the throat; no tearing of the mucous membrane. It is stated that even in the worst cases that proceed to a fatal end there is a marked amelioration in the suffering; that the dyspnœa is relieved to a certain extent. If the patient dies, his death is comparatively painless. In regard to the kind of syringe that should be used, it must be said that the common subcutaneous syringe is not adapted for the purpose, because it cannot be properly sterilized by heat. Koch's syringe, which consists of a detachable rubber bulb, a glass barrel, and a needle, is the most satisfactory instrument for this purpose. The barrel and steel needle can be put into a

test-tube, in the bottom of which a little cotton is placed, the tube plugged with cotton, and then put in the oven of a cooking-stove and kept at a temperature of 150° C. (302° F.) for half an hour or more, or until the cotton is slightly singed. A syringe prepared in this way will remain sterile for four or five days.—*Boston Medical and Surgical Journal*, September 20 1894.

Cœliotomy in the Country.—Dr. J. E. Brown, of Calais, Me., in an article on the treatment of appendicitis by the country surgeon, gives some hints as to the preparations for the operation. He prefers a room on the sunny side of the house, from which all furniture, except the carpet, is removed, the air being freed from dust by means of moisture and damp sheets laid upon the floor. The temperature should be about 75° F. (23.8° C.). A narrow bedstead with firm mattress, plenty of clean linen and blankets, with two or three tables or stands, are all that will be necessary, with an operating-table made by nailing a few boards, six feet long, on the kitchen-table. A clean quilt and sheet are folded and secured on the table with tacks along the edges. A rubber blanket is laid over the middle third, so as to drain into a tub on the floor, two folded towels placed under the edges of the rubber giving it a sluice-like form. A small knife, two pairs of dressing forceps, three hæmostatic forceps, a grooved director, a tenaculun, a needle-holder, several needles. and a pair of scissors are all the instruments required, these being rendered aseptic by boiling for fifteen minutes in a 1-per-cent. solution of common soda in water. The larger instruments are then placed in an aseptic soup-plate, the needles in a saucer, and sufficient 1 to 30 carbolic-acid solution poured into each dish to immerse the instruments. The sponges are made of unsized absorbent gauze, three yards being cut into twelve equal pieces eighteen inches square, each piece being folded from edge to centre until it is four and one-half inches square and sixteen-ply thick. The two open edges are then overcast to keep them in shape, and the sponges rendered aseptic by placing them on a clean plate in an ordinary tin steamer and steaming for forty-five minutes. Silk-worm gut is preferable for sutures and ligatures, as it is not injured by prolonged boiling and immersing in aseptic solutions, while it is strong and pliable. It should be sterilized at the same time as the sponge pads and placed in 1 to 30 carbolic-acid solution. As regards antiseptics, 2 ounces (62 grammes) of bichloride tablets, $\frac{1}{2}$ pint ($\frac{1}{4}$ litre) of carbolic acid, 1 ounce (31 grammes) of permanganate of potassium, 2 ounces (62 grammes) of oxalic acid, and clean water sterilized by boiling, are necessary. The permanganate and oxalic-acid solutions can readily be made by adding 2 or 3 teaspoonfuls of either to 1 pint ($\frac{1}{2}$ litre) of water. Five yards each of iodoform and bichloride gauze, half a yard of rubber tissue made aseptic by immersing for fifteen minutes in a 1 to 5000 solution of bichloride, a quarter of a pound of absorbent cotton made aseptic by steaming, and a Mikulicz drain are also needed. The latter is easily made by sewing three or four ply of iodoform gauze into the form of a bag eight inches long and five inches in circumference, attaching a silk thread ten inches long to the bottom, and turning the bag inside out so as to bring the seam and cord

inside. Among other accessories are an inhaler, ½ pound (250 grammes) of ether, some aromatic spirits of ammonia, ½ pint (¼ litre) of whisky, hypodermatic tablets of strychnia and digitalin, hypodermatic syringe with needle in place, one dozen clean towels wrung out by hand from a 1 to 5000 solution of bichloride, half a dozen earthen basins, a bar of common soap, two or three new nail-brushes, a slop-pail, a small tub, a razor, half a dozen bricks to put under two of the table-legs when needed, some common salt, a flannel binder, and a dozen large well-corked bottles for hot water. One pitcher should be filled with hot, the other with cooled sterilized water, and the handle of each should be covered with bichloride gauze. This list will, no doubt, be of great assistance to the surgeon called upon to act in haste, and to perform operations far from any hospital, in cases where delay is fatal and immediate removal impossible.—*International Journal of Surgery*, September, 1894.

Lateral Traction in Hip Disease.—Calvin Gates Page, of Harvard, believes that lateral traction in hip disease, when properly applied in connection with longitudinal traction, gives some relief in acute cases. Alone, however, it has no advantage. The amount of weight should be in relation to the amount of longitudinal traction, a good proportion being 5 pounds lateral to 10 longitudinal, applied twenty-five degrees beyond a right angle. The minimum useful proportion is 1 to 10, the maximum 8 to 10. The tension on the skin is the most important factor in limiting the amount of traction when the thigh is slightly flexed, abducted, and everted.

In discussing this paper, A. M. Phelps, President of the American Orthopædic Association, said that about two-thirds of the longitudinal force applied is expended in moving the weight of the limb; so that 1 pound lateral traction is as efficient as 3 pounds longitudinal. Ordinarily, then, 2½ to 10 would be a sufficiently large proportion to move the head of the femur in the direction of the axis of the neck.—*Boston Medical and Surgical Journal*, Sept. 13, 1894.

Vaccination.—Wm. N. Swift, of New Bedford, in discussing the technique of vaccination, lays down the following rules: Except in epidemics of small-pox, children should only be vaccinated when in good health. Cutaneous eruptions of all kinds are a contra-indication. Vaccination should be done with the same care as any minor surgical operation. The skin should be carefully washed with soap and water. The vaccine lymph must be fresh, certainly not more than one week old. The virus should be inserted at more than one point. The point of inoculation should be kept perfectly clean throughout the whole course of the disease, and protected from friction. The patient, meanwhile, should be considered as suffering from a mild disease.

As regards the improvement possible in this country, Samuel W. Abbott, of Wakefield, Mass., proposes the adoption of the following general and special measures: 1. Cultivation and production of vaccine lymph by the United States Government for the use of the army, the navy, and the marine-hospital service, and for all public institutions managed by the

government. Each State should produce its own lymph for the use of its public institutions and for the use of all local boards of health of cities and towns. 2. The abolition of agents and middlemen and the issuing of lymph directly from the producers to the parties who use it, every package to be stamped with the date of its collection. 3. The employment of better and more uniform methods of inoculating animals. 4. The exclusive use of animals less than 1 year old. 5. Limiting the time of collecting of lymph to a period of five days, or at the outside to six days, from the date of its insertion. 6. The adoption of careful rules for every establishment relative to cleanliness, the care of animals, etc. 7. If adult animals are used, a requirement that they shall be slaughtered before the lymph is issued.—*Boston Medical and Surgical Journal*, September 13, 1894.

Treatment of Cancer by Cinnamon.—This drug having been recommended by Dr. J. Carne Ross (*Lancet*, July 21, 1894) as of great value, it was tried in five cases at the Middlesex Hospital, London, by Dr. J. W. Hulke. Three were uterine cases, one rectal, and one was a case of recurrent masses in the neck. In all the preparation recommended was used, one pound (500 grammes) of Ceylon sticks being slowly boiled in three pints of water till the bulk was reduced to one pint (500 grammes). Half a pint (250 grammes) was drunk daily. In four of the cases the treatment was continued between two and three weeks, when it became intolerable and the drug was vomited. The fifth case continued for a month, when he begged for a change. In three cases there was definite evidence of increase in the growth, without relief of pain. The dose of morphia or opium could not be decreased, but rather had to be increased with the increase of the growth or as the drug lost its power from custom. Dr. Hulke states that he had previously given cinnamon a long trial, chiefly in cases of cancer of the uterus, with negative results.—*Lancet*, September 15, 1894.

Pilocarpine in Rheumatism.—Dr. Drappier, of Anvillers-les-Forges, calls attention to the fact that, though sodium salicylate may be regarded as a specific in articular rheumatism, it sometimes causes toxic symptoms so grave as to render its use impossible. In one such case, a patient who suffered from two or three attacks of rheumatism yearly, he used hypodermatic injections of pilocarpine, formerly advocated for the disease, using 0.01 gramme ($\frac{1}{6}$ grain), which led to complete recovery within six days.—*Journ. des Sci. Méd. de Lille*, September 15, 1894.

Rheumatismal Arthritis of the Cervical Vertebræ.—Professor Lannelongue, in his surgical clinic at the Trousseau Hospital, considered the case of a child suffering from this somewhat-frequent, but rarely-studied, disease. What is most striking in a case of this nature is the vicious attitude: the head is much inclined to the right, while at the same time it executes a rotatory movement on its vertical axis, which causes the face to be turned to the opposite side. If the head of the child be seized between the hands and an effort made to replace it in its proper axis, not the least movement of rotation can be obtained, the vicious position being maintained.

This deviation of the head and face leads to a series of secondary deformities: the right half of the forehead and the right cheek-bone are flattened; the cheek on the same side appears to be shortened; the irregular right labial commissure is not on the same line as the left; the nose is deviated, describing a slight convex curve to the left; the eye is lowered, its axis inclined, the eyebrow lowered and somewhat oblique. If the neck be examined, a considerable projection is found on the left side parallel with the sterno-mastoid region, while the right side is shrunken, the neck seeming shorter. The right shoulder is elevated, while the left is lowered; the thorax projects in front on the right side, and in the back on the left side. Examination of the vertical columns also shows abnormal deviations.

In order to find a reason for this vicious attitude, it is necessary to return to the history of the little patient presented before the clinic by M. Lannelongue. From information given by the child, it seems that the disease began three weeks previously, when the little girl was taken suddenly, in the middle of the night, with violent pains in the right side of the neck, radiating toward the ear. At the same time she noticed a sudden stiffness of this side, with inability to flex or extend the head. These local symptoms were accompanied by considerable fever and even some delirium, lasting several days. Pressure upon certain points in the affected region produced great pain. It is to be noted that the evening preceding the appearance of this contracture the child complained of sore throat, which lasted for eight days. At the time of the examination, although the spontaneous pain had disappeared, the pain on pressure was still very violent, the vicious attitude becoming more and more aggravated.

This persistent pain on pressure and deviation might cause one to suspect Pott's disease, but the acute onset does not permit of such an hypothesis; further, in Pott's disease the tumefaction is not unilateral; the movements of the head are very difficult and painful, but possible, however, to a certain degree,—contrary to what is observed in this case, where the slightest movement is impossible, and any efforts in that direction excessively painful. We can, therefore, hesitate between but two affections,—muscular torticollis and rheumatismal arthritis of the first cervical vertebra. As regards the former, it would be difficult to explain the case as being of that nature; for, while it is natural to suppose that the sterno-mastoid may be as liable as any other muscles to become contracted under certain influences, as in hysteria, it is, on the other hand, inadmissible to suppose that, under the influence of rheumatism, this muscle alone should contract. Besides, the theory of a muscular torticollis is not in accord with the clinical observation that, since the beginning of the trouble, the pain has been distinctly localized in the small articulations of the cervical region. From the first, pain upon pressure has been present on the level of these articulations; but, as the pressure is exercised across the muscular masses, the latter at once become contracted. This fact explains why arthritis is so often overlooked, and muscular contraction, which is only a symptom, considered as a morbid entity.

Delore, of Lyons, in describing posterior torticollis, has not indicated with precision which are the muscular and which the articular cases. Professor Lannelongue believes that cervical arthritis is very common, and that most cases of posterior torticollis are not primarily muscular, but articular. This opinion is justified by the fact that the affection leaves, after the disappearance of the acute symptoms, a permanent vicious attitude which cannot be attributed to anything but articular deformations,—fibrous adhesions between the articular surfaces,—since muscular contracture has already disappeared at this stage.

Most authors deny the existence of arthritis of the first cervical vertebra, and explain the combination of symptoms as follows: Contraction of the sterno-mastoid or other muscle or group of muscles capable of causing such a deviation as the one in question would be succeeded by retraction of the same muscle or muscles. The histological lesions are characterized by the predominance of the fibrous element leaving the sheath of the muscles and comprised between the bundles, while these primitive bundles themselves atrophy and undergo granular fatty degeneration. Thus far Lannelongue agrees with them; but when they add that as a consequence of this retraction the bony surfaces become, as it were, used up on account of the reciprocal pressure, he differs with them. Such a condition he believes might be possible in cases where the bones had been altered by a pathological process, as in tubercular osteo-arthritis, where pressure ulceration occurs; where the bones are intact, however, it could not take place, and anatomical observation has shown that it does not. In certain subjects these deviations have been noted very soon after the appearance of the symptoms, while in others they were absent years after definite muscular contraction had been established. He therefore agrees with Dailly that cases of this kind constitute a special affection in which arthritis is the capital and essential factor, the contracture being altogether secondary, as well as the retraction, when this is produced.

As regards the diagnosis between torticollis, properly speaking, and rheumatismal arthritis of the cervical vertebræ, where the contracture of the sterno-mastoid is the dominant factor, Professor Lannelongue believes that it is possible to make the distinction. Owing to a partial dislocation of the atlas upon the occipital, the lateral masses are pushed, one in front, the other behind, and the transverse apophyses are displaced. These changes may easily be ascertained by methodical examination of the articulations, a finger introduced into the back of the mouth also showing the displacement. There is, besides, another means of diagnosis. In a case of simple muscular torticollis, in spite of the immobility of the head, it is possible to produce certain movements,—if not to correct the vicious attitude, at least to accentuate the lateral inclination. These movements can be produced even without the use of chloroform. In a case of rheumatismal arthritis, it is impossible to produce the slightest displacement of the head in any direction.

The distinction between the two affections is of the greatest importance from a therapeutic point of view. It is easy to understand the uselessness

of tenotomy, electricity, massage, and other measures directed toward the muscles. During the acute febrile period revulsives may be tried, but too much dependence cannot be placed upon them, especially in a case like that of the patient under discussion, where the deviation is well marked. This must be met by direct measures. As complete a reposition as is possible should be made under chloroform, and maintained by means of a suitable apparatus. An important objection to this forcible reposition is that the rachidian bulb may be compressed during the operation. Cases of sudden death from this cause have been observed. In spite of this real danger, however, Professor Lannelongue does not hesitate to perform forced reposition in these cases; and on account of this very danger he urges that it be performed as soon as possible, in order to prevent ankylosis; for it is evident that the greater the ankylosis, the greater the amount of force required, and consequently the greater the exposure of the bulb to violent traumatism.

Complete reposition cannot be hoped for in a single treatment, and heroic or brutal manœuvres should never be attempted. The operation should always be done under chloroform, and a solid plaster apparatus applied, which may remain for a month. At the end of this time another reposition may be made, which will not be complete, but an improvement on the last. By making several successive repositions in this manner, and applying the apparatus each time, the condition of the patient may be gradually improved. It should always be borne in mind that the treatment must be a long one, the longer the more advanced the period when it is undertaken; that, though perfect reduction is possible in a certain number of cases, it cannot always be hoped for; and that some deformity may remain, especially in patients treated at a late period of the disease. This fact should always be made known in advance to the friends or family of the patient.—*Le Bulletin Médical*, October 3, 1894.

A New Operation for Hernia.—Prof. A. M. Phelps, of New York, believes that relapses in hernia are due to the improper manner in which the sac is treated, to the use of catgut and other absorbable materials in closing the abdominal parietes, to the improper treatment of the inguinal canal, and to the dimpling produced in the peritoneum by the ligation of the sac externally. To remedy these errors he recommends the following methods: A long incision should be made, extending at least two inches beyond the internal ring, through the muscles, down to the transversalis fascia. The sac should be opened and the intestine replaced. In the thin sac the suture should be passed with a needle around its neck like the puckering-string of a pouch, and two-thirds of the sac, or a little more, cut away, the stump inverted with forceps into the abdominal cavity, and the ligature tightened. This secures the stump within the abdominal cavity and prevents dimpling of the peritoneum. A single stitch or two across the neck of the sac is now necessary. The muscles should be carefully dissected up from the transversalis fascia a distance of an inch and a half either way from the internal ring. The internal ring is a hole in the transversalis fascia. This hole is enlarged by the pressure of the intestine. In order to sew up

this internal ring the edges of the fascia should be denuded, and then for half an inch to an inch on either side of the ring two parallel longitudinal incisions should be made (or, in cases where the fascia is thick and adherent to the sac, it can be included with the ligature and inverted with the sac into the abdominal cavity). It will then be easy to bring the fasciæ together over the stump. The fascia should be stitched with interrupted fine-wire sutures. Over this fascia should be placed loops of silver wire if the opening is large, the wire being knotted in several places to prevent slipping. Four or five of these loops, two to three inches in length, will suffice. The cord should be raised from the canal and the loops passed underneath the cord from the internal to the external abdominal ring. Over these loops of silver wire or catgut the transversalis muscle should be carefully stitched with interrupted sutures, the cord being brought through the muscle direct. The first layer of wire or catgut should run transverse to the inguinal canal. Another layer of wire loops is passed over the transversalis muscle, extending at right angles to the deeper layer between the transversalis fascia and the internal oblique, each loop being stitched to the muscle to prevent it from slipping. The internal oblique is carefully stitched over the layer of wire with interrupted sutures, the cord being brought through the internal oblique muscle. The external oblique is stitched together, and if there is a thick layer of superficial fat of two or more inches the wound is dressed open; if there is but little adipose tissue, it is closed. A small drainage-tube or two strands of catgut should be inserted down into the sac when the sac has been inverted into the abdominal cavity; but when the sac has been cut away, a few strands of catgut passing to the deeper layers of muscle will suffice for drainage.

Dressings should be performed at the end of the third day. Usually but little tumefaction is seen, and thus far the author has seen no suppuration. In cases of thick, large sacs which have been inverted into the abdominal cavity and puckered together by means of the silk ligature, it is necessary to introduce a small drainage-tube or strands of catgut to the bottom of the cavity, which drainage-tube should be removed at the end of three days. In these cases the sac should be thoroughly scarified on its peritoneal surface. This will stimulate adhesions to the abdominal peritoneum. In cases where a thick, large sac is drawn up behind the peritoneum by means of a catgut ligature, a drainage-tube or strands of catgut should be inserted in the sac for two or three days, and the peritoneal suface thoroughly and extensively scarified before the sac is stitched up and introduced into the abdominal cavity. Adhesions will then rapidly form between the sac and the abdominal peritoneum. It is very easy to pass a ligature from within this large sac to the small opening which has been made in the abdominal cavity above. The incision in the sac before its introduction into the abdominal cavity should always be closed by means of catgut sutures. The mouth of the sac should be stitched together with one or two interrupted sutures, not sufficient to cut off the circulation of the sac. When the sac is treated in this manner, the wound is treated precisely as described. He has devised a curved cannula and long, curved needle to pass the catgut ligature through

the abdominal walls from within the peritoneal cavity out, thus avoiding an incision and saving time.—*New York Medical Journal*, September 8, 1894.

Tuberculosis of the Foot.—In an anatomo-pathological study based upon 305 cases in the clinic of Professor Ollier, at Lyons, Dr. G. Mondan gives a comprehensive glance at the localization of tuberculosis in the different bones of the foot. The lesions were usually central, though in a few cases they were observed to be both central and peripheral. Infiltration with formation of a sequestrum is a more common form than caseous fungous lesions, although there are multiple pathological types. One principal class may be pointed out,—namely, primary lesions of the metatarsal bones and the phalanges. They are characteristic from the fact that they remain localized and do not involve the foot beyond Lisfranc's line. The predominance of tuberculosis of the first metatarsal, which is in relation only with the first cuneiform, explains why the anterior tarsus is not more frequently implicated. In these cases a limited intervention will bring about recovery. The same is not true of the second and third metatarsal bones, although they are but rarely invaded by the disease; still, if it gain their posterior extremity, it may be propagated to the cuneiform articulation, and thus affect the whole of the anterior tarsus. The fourth and fifth metatarsals are, on account of their position, more exposed to traumatism, and tuberculous lesions are therefore more frequently observed; but they also have no tendency to spread, owing to the circumscribed synovial membrane.

Tuberculosis of the anterior tarsus may originate in primary disease of one of the cuneiform, cuboid, or scaphoid bones, and, more rarely, of the metatarsal. Professor Ollier has obtained a definite cure in such cases by total anterior tarsectomy. Calcanean lesions have a tendency to remain isolated; exceptionally, the cuboid or the astragalus are affected. Whatever the mode of propagation, it is certain that tibio-tarsal arthritis may result in primary tuberculosis of the calcaneum. The extirpation of the two bones becomes necessary in such cases. The author is strongly of the opinion that resection may be of the greatest value in tuberculosis of the foot, in which, a few years ago, amputation or complete abstention was the rule.—*Revue de Médecine*, September 10, 1894.

Congenital Pulmonary Stenosis.—Wm. P. Northrup, of New York, describes a case of early fœtal endocarditis constricting the conus arteriosus, all the other changes being obviously due to nature's effort to compensate. The endocarditis must have developed early, before the septum was completed, so that nature could select the very best point to effect a compensating circulation. Since the right ventricle could not discharge all its blood into the lung-artery, it was allowed to hypertrophy, force as much as possible through a narrowed pulmonary orifice, and spill the remainder over into the high-pressure stream of the left ventricle, discharging into the systemic circulation. How well this heart succeeded in overcoming the embarrassment will be understood when it is noted that it did its work for four and a half years, carried the patient through measles and whooping-

cough, and was overwhelmed at last by so heroic a disease as abscess of the brain and repeated convulsions. The patient was an inmate of the New York Foundling Asylum, and had come under the observation of many physicians, dying in the service of Dr. O'Dwyer. Examination of the heart during life showed the following condition: A fine wave at left third interspace. Soft purring thrill over base. Apex-beat half an inch outside of left-nipple line. Cardiac dullness extending from right sternal margin to left nipple; no dullness to right of sternum. A loud, harsh, systolic murmur heard along the left margin of the sternum, but distinctly and definitely marked at second left interspace and third rib. Murmur not transmitted to left nor along the aorta. The second heart-sounds at base were thought, at first examination, to be absent, at another time to be present, though very weak. Liver and spleen somewhat enlarged.—*Archives of Pediatrics*, September, 1894.

The Cold Poultice as an Antipyretic in High Grades of Fever.—Bedford Brown, of Alexandria, Va., has used the cold poultice in his practice for the past fifteen years, with much satisfaction to himself and infinite comfort to his patients. He finds it to possess many advantages over the coal-tar antipyretics, as it never depresses the action of the heart or nervous system, but accomplishes its work speedily, easily, pleasantly, with comfort to the patient. His method of preparing the poultice is as follows: A sufficient quantity of flaxseed-meal to prepare a poultice of suitable dimensions is placed in a common earthen bowl, and over this is poured boiling water, while the meal is constantly stirred with a large spoon until cooked to the consistency of soft mush. This material is then spread on a piece of soft cotton cloth, for an adult, about eighteen inches long and twelve or fourteen wide, or sufficiently long to cover the entire abdomen, from the pubis upward, extending at least over half of the chest, well over the cardiac region, so as to fully cover the heart and half of the chest. This poultice is now covered with another piece of cotton of corresponding dimensions. After being spread and covered, the entire surface to be applied to the person is frequently besprinkled with ice-water until its temperature goes down to 68° or 70° F. (20° or 21.1° C.), when it is ready for application. At this point I would suggest that the poultice be not spread too thick, as in that case it would prove oppressive to the patient. The poultice, thus prepared, is applied over the chest, from above the cardiac region to the pubis. In pneumonia of violent type, with an unyielding temperature of 104° or 105° F. (40° or 40.6° C.), frequent, hard, wiry pulse, great frequency and oppression of respiration, Dr. Brown has seen a cold poultice applied over the entire chest, extending back well over the sides, accomplish more in the reduction of temperature, of frequency of cardiac action and respiration, than all other local agents combined. If necessary, the poultice should be renewed until the temperature falls to normal.—*Virginia Medical Monthly*, September, 1894.

Chronic Stomatitis Followed by Death.—Dr. K. Winkelmann relates the case of a man of 46 years who, without apparent cause, was attacked with an exceedingly painful vesicular eruption of the right half of the

tongue. The vesicles left behind them ulcerations which, in spite of all efforts to cause cicatrization, by means of antiseptic solutions, cauterization with nitrate of silver, and the internal administration of iodide of potassium, on the hypothesis of a syphilitic origin, increased to such an extent as to involve the mucous membrane of the gums, mouth, and lips. These ulcerations were superficial, not indurated at the base, and bled at the slightest touch; they varied in size from that of a lentil to that of a pea. Ptyalism was present, but the submaxillary ganglia were not swollen. The urine contained neither sugar nor blood.

The condition of the patient grew slowly worse, and there appeared upon the skin of the feet and legs numerous petechiæ not larger than the head of a pin. The ulcerous process now invaded the pharynx and even the larynx, diarrhœa supervened, with symptoms of febrile bronchitis, and the patient died from exhaustion six months after the onset of the affection. A post-mortem was not permitted. Bacteriological examination of the mucous membrane during life showed the presence in the ulcerations of a microbe analogous to that of alcoholic fermentation, capable of culture in almost all media, and similar to that isolated by Siegel in the course of an epidemic of aphthous disease of cows which had raged among men and animals. Winkelmann believes that his case was of the same nature, although the patient could not remember having been brought in contact with cows suffering from the affection, and although inoculations of the microbe into animals gave only negative results.—*Deutsche Zeitsch. f. Chir.* xxxix, 1, 2.

Recent Suggestions in Therapeutics.

Acute Dysentery.—Hypodermatic injection of *morphia*, $\frac{1}{3}$ or $\frac{1}{4}$ grain (0.02 or 0.016 gramme). *Ipecacuanha*, 30 grains (2 grammes) of the powder, made into four large pills with 15 to 20 minims (1 to 1.32 grammes) of *dilute sulphuric acid*. Roll in butter, so that pills slip down easily and patient does not even taste them. Large doses (30 to 40 grains—2 to 2.60 grammes) of drug must be used, repeated according to effect on patient. (R. Percy Jones, *Dublin Journal of Medical Sciences*, August, 1894.)

Chalazion.—If there is inflammation, bring the chalazion to its normal state by the application of *subacetate of lead* in solution, which will cause resolution in a few days. Extirpate the growth in the same manner as cutaneous tumors, by dissection and enucleation, operating by the conjunctiva if the chalazion is more prominent on the conjunctival surface, and by the skin if it is external. Anæsthetize the region of the tumor with *cocaine*, and instil the same into the conjunctival cavity. Use a Dèsmarres forceps, the plane surface being applied against the ocular globe, and, having brought out the tumor, remove it by careful dissection, either with the scissors or bistoury. As the softness of chalazion

may prevent its total removal, it is well to assure its complete extirpation by curetting the anfractuosities of the tarsus. If necessary, a suture of silk can be used in cases of external chalazion, and a simple antiseptic dressing kept on for twenty-four or forty-eight hours. (VALUDE, *Union Médicale*, October 4, 1894.)

Chancre.—In forms characterized by a macule, papule, dry scaling papule, abrasion, or excoriation, have the patient dress the lesion twice daily, first cleansing with a 1 to 500 solution of *bichloride of mercury*, and then apply the following ointment: *Hydrarg. oleat.*, 5 per cent.; *ung. hydrarg. cimer.*, āā ½ drachm (2 grammes). A very thin layer of absorbent cotton is placed between the chancre and opposing surface whether this be tissue or clothing. If the lesion be in the mouth, apply the bichloride solution thoroughly, and nothing further; if in the vagina or rectum, apply ointment also. Should the chancre show a destructive tendency, cauterize freely in one sitting either with *nitric acid* or 25-per-cent. *pyrozone* solution. Use dressing as above. (OHMANN-DUMESNIL, *Medical Mirror*, September, 1894.)

Chloasma of Pregnancy.—℞ *Zinci oxidi*, 6 grains (0.39 gramme); *hydrargyri ammoniati*, 2 grains (0.13 gramme); *olei theobromæ*, 5 drachms (19.50 grammes); *olei ricini*, 5 drachms (19.50 grammes); *essent. rosæ*, gtt. xx. M. Sig.: Apply to the face night and morning. (HARE, *College and Clinical Record*, September, 1894.)

Convulsions.—At the moment of the attack, place the patient in bed in a well-aired room and bathe the face with a wet cloth. Administer at once an injection of warm water containing a dessertspoonful of salt and two tablespoonfuls of table-oil. Give, every five minutes, a dessertspoonful of the following mixture: *strontium bromide*, 2 grammes (31 grains); *musk*, 0.20 gramme (3 grains); *syrup of chloral*, 20 grammes (5 fluidrachms); *syrup of orange-flower water*, 30 grammes (1 fluidounce); *linden water*, 70 grammes (2¼ fluidounces). If it cannot be given, administer the following sedative injection: *musk*, 0.25 gramme (4 grains); *chloral hydrate*, 0.50 gramme (7¾ grains); *camphor*, 1 gramme (15½ grains); 1 yelk of egg; water, 150 grammes (4¾ fluidounces). Should the convulsions persist, give inhalations of ether or chloroform. Do not consider the attack has ended until the child has urinated. After the attack, keep the child in bed, imposing absolute quiet and darkness. Give only milk as nourishment. Administer the following every hour, in dessertspoonful doses: *syrup of codeine*, 10 grammes (2½ fluidrachms); *syrup of hydrocyamus*, 20 grammes (5 fluidrachms); *cherry-laurel water*, 5 grammes (1¼ fluidrachms); *linden water*, 60 grammes (1¾ fluidounces). Seek carefully for the cause and institute appropriate treatment. (*Tribune Médicale*, September 27, 1894.)

Cystitis of Pregnancy.—*Camphor*, 0.10 gramme (1¾ grains); *opium*, 0.01 gramme (⅙ grain). To make 1 pill. Give 5 or 6 daily. If cystitis is purulent, use *boric-acid* injections, 2 to 100. (TARNIER, *Revue Inter. de Bibl. Méd.*, September 25, 1894.)

Digitalis in Heart Disease.—Indications: Weakening of the contractility of the heart; lowering of the arterial tension with increase of venous tension; scarcity of urine, with peripheral œdema and visceral congestion. Do not wait for congestion to appear, but give *digitalis* as soon as malleolar œdema appears in the evening. This œdema, by the way, is very often peritibial in the beginning. Before giving *digitalis*, enjoin repose and a partial or complete milk diet for a few days. The second or third day, give a purgative,—*scammony* and *calomel*, 0.60 gramme (9¼ grains) in 2 cachets. The next day give one massive dose of 40 to 50 drops of *crystallized digitalis* in solution, 0.001 gramme ($\frac{1}{64}$ grain) of which corresponds to 0.004 or 0.005 gramme ($\frac{1}{16}$ or $\frac{1}{12}$ grain) of the *amorphous digitalin*. The effect of the drug is visible the following day, when polyuria may be noted, with relief of the symptoms. (Huchard, *Médecine Moderne*, September 22, 1894.)

Gout.—Both the following formulæ give most gratifying results to author: ℞ *Sulphate of quinine*, *extract of colchicum*, *powdered digitalis*, *powdered squill*, of each 1 grain (0.065 gramme); *glycerin of tragacanth*, q. s. M. ft. pilula. Sig.: Once, twice, or thrice daily, before meals. ℞ *Asparagin*, *lithii guaiacate*, of each 1½ grains (0.10 gramme). M. ft. pilula. One pill every fourth hour. (R. J. Blackham, *Clinical Journal*, September 12, 1894.)

Inguinal Hernia.—Injection treatment: Place the patient on the operating table, reduce the protrusion if out, wash the parts well with some antiseptic solution, invaginate the scrotum with the index finger, and locate the external ring; inject into the skin at this point 5 minims (0.32 gramme) or more of a 5-per-cent. solution of *cocaine*, to which has been added 1 drop of a 1-per-cent. solution of *nitroglycerin*. Have the hernial syringe (specially devised by the author) filled with fluid, displace the air, wipe off the drop of fluid appearing at the end of the needle, and carefully note how far the cannula must be turned off in order to entirely cover the point of the needle. Allow three minutes for the *cocaine* to act, and then thrust the instrument through the skin and fascia at the point of the *cocaine* injection. Push it well into the external ring, carefully avoiding the cord. Change the instrument to the other hand, and again invaginate the scrotum, being sure that the needle has entered the ring. Screw down the cannula until it covers the point of the needle, and, dipping down with the instrument, pass the cannula, by gentle manipulation, up the canal to the inner ring, bearing in mind that the inguinal canal is from one and a half to two inches in length, nearly parallel with Poupart's ligament, and about one-half inch above it. Having reached the inner ring, slowly inject from 3 to 5 minims (0.2 to 0.32 gramme) of fluid, 1 minim at a time; wait one or two minutes, slightly withdraw the piston of the syringe in order to empty the needle, and withdraw the instrument. Gently massage the parts to distribute the fluid evenly, and cover the puncture with antiseptic *collodion*. By lying quietly for a few moments the burning or smarting experienced will pass off, though it

may return for a short time when the truss is adjusted, which must be done before the patient rises from the table. He must take the truss off only after lying down at night, and put it on before arising. Repeat the operation every five or seven days, according to the amount of fluid used and the degree of reaction. A certain amount of healthy inflammation must be set up and maintained for a sufficient time, in order to effect a cure. From six to twelve injections usually suffice. The older the patient, the longer the time required. A well-fitting truss must be adjusted and worn a few days before beginning the treatment, in order to see if it keep the hernia well reduced; and it should be worn from three to six months after treatment has ceased. Composition of fluid used is as follows: *Complex salts of aldehyde*, 30 per cent.; *iodo-ethylate of guaiacol*, 30 per cent.; *sulpho-tannate of zinc*, 20 per cent.; *free guaiacol*, 5 per cent.; *beech-wood creasote*, 15 per cent. Do not allow water to come in contact with the fluid, as water decomposes it. (W. H. Walling, *Medical and Surgical Reporter*; September 22, 1894.)

Laryngeal Injections in Phthisis.—The dyspnœa of phthisis is often relieved in a striking manner by intra-laryngeal injections of *menthol* 20 per cent., with *guaiacol* 3 per cent., dissolved in *olive-oil*. Use a syringe holding 1 fluidrachm (4 grammes), the largest quantity that can be injected at one sitting. Guide the point of the syringe into the upper part of the larynx by the aid of a laryngoscope. It is not necessary to insert it between the vocal cord, only past the epiglottis. Inject from 20 minims to $\frac{1}{2}$ drachm (1.3 to 2 grammes) at once, repeating after a pause of two or three minutes. If the patient have any tendency to cough, he should be told to repress it; usually there is little difficulty in doing so if the injection has been neatly managed. A great point is to see that the patient is making deep inspirations while the injection is being given. This secures the wide patency of the rima glottidis, necessary for the satisfactory descent of the solution into the trachea. Do not completely empty the syringe in making the last injection, but extrude the few remaining drops of solution afterward, so as to prevent any trace of mucus from remaining in the lumen of the delivery-tube. Wipe this carefully with dry cotton-wool, and then with cotton-wool wet in equal parts of *carbolic acid* and *glycerin*. Dip the tube in the same, and leave it wet. The rest and sleep secured by these injections, without the drawbacks of sedative cough-mixtures, are a material help to the patient in the struggle against the disease, and in some cases there appears to be a direct effect upon the local morbid processes. (Frederic C. Coley, *Practitioner*, October, 1894.)

Piperazin.—Of great benefit in four cases of renal colic treated by the author. Dose, 5 to 10 grains (0.32 to 0.65 gramme) with 5 grains (0.32 gramme) of *phenocoll* in *lithia-water* every two hours. The amount of urine is rapidly increased and the pain relieved. The angles of the calculi are dissolved, and they are thus passed without pain. Phos-

Piperazin (*continued*).

phatic calculi are broken up by the destruction of the cementing matter. Large quantities of the drug may be used without untoward symptoms. As it is not irritating, it has been of great advantage in washing out the bladder in cases of vesical calculus. (John Kinlock, *New York Medical Journal*, August 18, 1894.)

To Relieve Dysuria of Gonorrhœa.—The following has given brilliant results to author: ℞ *Salicylate of soda*, 2 drachms (8 grammes); *tincture of belladonna*, 2 fluidrachms (8 grammes); *tincture of orange*, 1 fluidrachm (4 grammes); *distilled water*, to 6 fluidounces (186 grammes). M. A tablespoonful every third hour. (R. J. Blackham, *Clinical Journal*, September 12, 1894.)

Vomiting in Cholera Infantum.—*Emulsion of poppy-seed*, 100 grammes ($3\frac{1}{4}$ ounces); *hydrochlorate of cocaine*, 0.003 to 0.01 gramme ($\frac{1}{22}$ to $\frac{1}{6}$ grain). One teaspoonful every hour. (S. Rehfeld, *Therapeutische Monatshefte*, September, 1894.)

Wounds.—*Reclus's Method of Treating Crush of the Extremities.*—Slightly anæsthetize the patient by giving several whiffs of *chloroform*, and carefully wash all the injured parts with water at a temperature of 55° or 60° C. (131° or 140° F.), using a spray of sufficient force to thoroughly penetrate the interstices of the wound, expel blood-clots and detached pieces of flesh, as well as any foreign bodies. Spread upon pieces of aseptic tarlatan a layer of salve made as follows: *Salol*, *resorcin*, *antipyrin*, each 12 grammes ($3\frac{1}{4}$ drachms); *boric acid*, 20 grammes (5 drachms); *iodoform*, 1 gramme ($15\frac{1}{2}$ grains); *vaselin*, 160 grammes (5 ounces). Press the tarlatan into all the interstices, covering the entire wound. Surround the member with absorbent cotton. Renew the dressing every five or ten days. When the crush has not been too great, this treatment will often enable the limb to be preserved, while, if amputation become necessary, it can be performed later, when partial cicatrization has taken place, thus insuring a stump well covered with soft parts. (Branère, *Thèse de Paris*, 1894.)

Compound Tincture of Benzoin as a Surgical Dressing.—Carefully cleanse wound, removing all foreign substances; irrigate with antiseptic solution if there is any evidence of infection. Thoroughly check all hæmorrhage, and place a layer of surgical cotton around the wound, pouring the *compound tincture of benzoin* next to the surface of the latter and saturating the cotton immediately surrounding the injured tissues. This drug, after undergoing evaporation, will form a coating with the cotton that will hermetically seal the part, thereby rendering it perfectly aseptic. The dressing can be left intact for six or seven days; if it become loosened, the patient may add a little more of the tincture. (J. L. G. Sherrill, *American Therapist*, September, 1894.)

For Small Wounds and Abrasions.—*Iodol*, 1 part; *ether*, 10 parts; *gun-cotton*, 5 parts. Apply locally. (Hare, *College and Clinical Record*, September, 1894.)

New Books Received.

The editor acknowledges, with thanks, the receipt of the following books :—

A Manual of Human Physiology. Prepared with Special Reference to Students of Medicine. By *Joseph H. Raymond, A.M., M.D.*, Professor of Physiology and Hygiene in the Long Island College Hospital, and Director of Physiology in the Hoagland Laboratory. This work treats of Physiological Chemistry; Nutritive Functions, including Digestion, Absorption, Respiration, Vital Heat, Circulation of Blood, Lymphatic System, Ductless Glands, Skin, and Kidneys; Nervous Functions and Brain; Reproductive Functions. It has 102 illustrations in the text and 4 full-page colored plates. Price, $1.25, net. W. B. Saunders, 925 Walnut Street, Philadelphia, 1894.

Essentials of the Diseases of the Ear. Arranged in the Form of Questions and Answers. Prepared especially for Students of Medicine and Post-Graduate Students. By *E. B. Gleason, S.B., M.D.*, Clinical Professor of Otology, Medico-Chirurgical College, Philadelphia, etc. This work commences with the Anatomy of the Ear, following which are Tests for Hearing, Diagnosis, Treatment, and Examination of Patients. The diseases include the External Ear, Membrana Tympani, Middle Ear, with Operations upon the latter. It concludes with several Formulæ. Illustrated. Price, $1.00. W. B. Saunders, 925 Walnut Street, Philadelphia, 1894.

Monographs Received.

The editor acknowledges, with thanks, the receipt of the following monographs :—

Puerperale Infection mit tödtlichen Ausgang, verursacht durch Bacterium coli commune. *Von Dr. H. Eisenhart*, in München.——Clinical Report of Two Cases of Raynaud's Disease, by *Frederick P. Henry*, Philadelphia.——Glycosuria in Connection with Appendicitis: Diabetes Mellitus, by *Solomon Solis Cohen*, Philadelphia.——Des Abscès Péri-Amygdaliens, par *A. Gouguenheim* and *H. Ripault*, Paris.——Tuberculosis of the Peritoneum; Report of Two Cases, by *H. O. Pantzer*, Indianapolis, Ind.——Pulmonary Tuberculosis, by *Solomon Solis-Cohen*, Philadelphia. ——Illumination and Examination of the Anterior and Posterior Nasal Cavities, by *D. Braden Kyle*, Philadelphia.——Rinitis Atrófica (Ozena), por el *Dr. Emilio Martinez*, Habana, Cuba.——Gross Medical College, Announcement, Session of 1894–95.——Etiology, Pathology, and Treatment of Ozena, by *D. Braden Kyle*, Philadelphia.——Proceedings of the Society for the Study of Inebriety. London, August, 1894.——Irreducible Ventral Hernia. Report of a Case, by *H. O. Pantzer*, Indianapolis, Ind.——A Contribution to the Study of the Solvent Action of Piperazin on Uric Acid, by *John Gordon*, London.——Lectures on Rectal and Gastro-Intestinal Surgery, Excision of the Rectum, Tunneled Fistulatome, and Gastro-enterostomy, by *H. O. Walker*, Detroit, Mich.——Sulla Pityriasis Rosea di Gibert, per *Dottori Mario Oro* e *Luigi Mosco*, Napoli, 1894.——XI Congresso Medico Internazionale, sezione Dermatologia e Sifilografia, resoconto sommario delle sedute redatto dal *Dott. Mario Oro*, Napoli. Report of Two Cases of Brain-Tumor, with Autopsies, by *Irwin H. Neff*, Kalamazoo, Mich.

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DR. C. E. SAJOUS,
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HYDROLEINE IN NEUROTROPHIC DISORDERS.

(From the Journal of Nervous and Mental Diseases, February, 1894.)

The value of codliver-oil in the treatment of all wasting diseases is, perhaps, generally understood and fully appreciated, but it is safe to say there are none who can predict that codliver-oil can be utilized successfully in a given case, or that it can be tolerated, much less digested, especially if that case be an adult. It is, perhaps, patent to all who read these few paragraphs that, if it were possible to so aid this wonderful reconstructive in a way that it is more easily digested and assimilated, and so that any one would be able to take it, such a preparation of codliver-oil would be a boon to suffering humanity. There is hardly an article for the sick more valuable and yet so commonly detested for its disagreeableness and indigestibility.

The following formula represents the amount of 2 teaspoonfuls of 120 drops of Hydroleine:—

Pure Norwegian codliver-oil.	80 m. (drops).
Distilled water, ...	35 "
Soluble pancreatin, ...	5 grains.
Soda, ...	½ grain.
Salicylic acid, ...	¼ "

Emulsions of codliver-oil are of incalculable value in the direction of making it more palatable and easier of assimilation; but in Hydroleine we have more than a simple emulsion,—we have an attempt at predigestion. There is evidently something accomplished in this direction, for assimilation of the oil is accomplished very thoroughly, as an examination of a patient's stools who takes it will give but a trace of oil. Of all preparations of codliver-oil, this one of Hydroleine will also prove less disagreeable, as shown by a lessened tendency to eructations and complaints of its souring on the stomach.

In Hydroleine, we have a combination which seems to me to make available this valuable reconstructive and to enable us to use it as a flesh- and strength- increaser more universally and with confidence of the results. It has been our good fortune, at least, to find it a most universal success when properly recommended, and it may be pertinent here to make a few suggestions:—

1. Never prescribe large doses in the beginning; a good guide is the relation the patient's stomach bears, at the moment, to that of a perfectly normal one in reference to digestion.

2. A small dose (℥j) with a small dose (℥j) of whisky and milk (℥j) three times a day is undoubtedly a rapid flesh-producing combination.

3. If any sourness or visage of eructations, a tablespoonful of lime-water added will remove the trouble.

4. Persist in the fact that it must be taken for a long time.

The list of neurotrophic disorders in which codliver-oil is not applicable is yet to be prepared, not even excepting obesity. There undoubtedly seems to be a specific influence engendered in the quality or force of neurotrophic influences; and it seems to me that we are prone to overlook this important fact solely on account of the uncertainty in the digestion or acceptableness of this specific reconstructive, codliver-oil.

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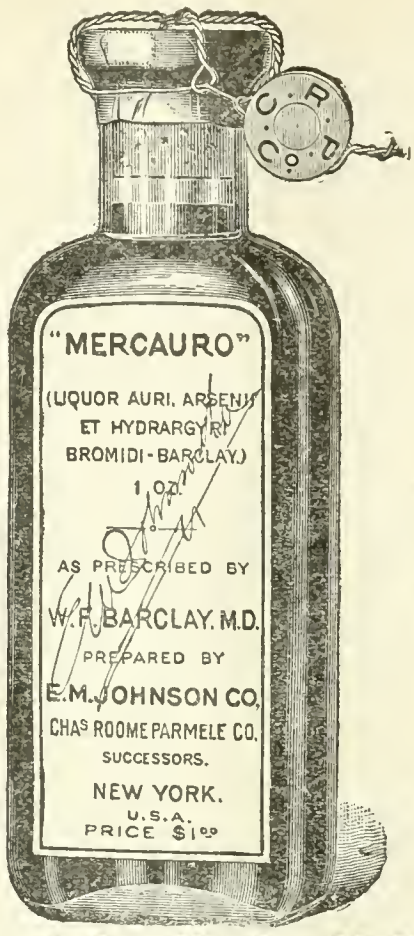

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Stockholders' Meeting.

The third Annual Meeting of the Stockholders of the F. A. Davis Company will be held at the office of the Company, 1914–16 Cherry Street, Philadelphia, on Wednesday, November 21, 1894, at 3 P.M., for the purpose of electing Directors to serve for the ensuing year, and transacting such other business as may come before the Stockholders.

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Sargent's Antiseptic Thymoline Soap contains chemically pure thymol, pronounced by eminent chemists to be far superior to carbolic acid, besides possessing the great advantage of being perfectly harmless and non-irritating. From the large number of testimonials the manufacturers have received from eminent physicians, there is no doubt of its efficiency in removing from the hands or any part of the person objectionable odors. Write for a sample-cake to Hall & Ruckel, of New York City, mentioning this journal.

At a recent meeting of the Berlin Medical Society, some very gratifying reports were made as to the statistics of the Antitoxin treatment of diphtheria. It was shown that the mortality in the Kaiser and Kaiserin Children's Hospital, at Berlin, had declined from an average of about 39 per cent. in four years to 13 per cent. under the Antitoxin treatment. The preparation officially used in this hospital was Aronson's Antitoxin, which can be obtained from Schering & Glatz, New York,—a sufficient guarantee of its reliability. (For interesting information regarding Antitoxin, see "Clinical Notes" this issue.)

Coca Erythroxylon.

We need not enter into a full description of the history of the *Erythroxylon coca*, as we believe that most medical men are fully acquainted with the principal facts concerning the plant. We may, however, recall to mind that the leaf is the only part of the plant used. Very much depends, therefore, upon the plucking of the leaf and the time at which it is plucked; the subsequent care of the leaf being matter of considerable importance, and affecting very materially the preparations made from it. M. Mariani

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was the first in Europe who took up the study of the plant, and over thirty years ago commenced manufacturing for the medical profession the various specialties associated with his name,—viz., "Vin Mariani," "Elixir Mariani," "Pâte Mariani," "Thé Mariani," "Pastilles Mariani," etc.,—preparations which are known all over the world, and which have acquired their well-known reputation by their purity and efficacy. The stimulating and strengthening property of the leaf in its natural state has been tested by experienced travelers and botanists during several centuries, and it is this invigorating property which the physician wishes to bring into use, and which he is enabled to do in a palatable form by means of "Vin Mariani," this wine being indicated where there is great depression, long-continued exhaustion, and where a special stimulative action is desired. "Vin Mariani" is agreeable, palatable, imparting by its diffusibility an agreeable warmth over the whole body, and exciting functional activity of the cerebro-spinal nerve-centres. We have frequently prescribed this wine, and we can, from practical experience, recommend it.—*The Provincial Medical Journal*, London, Eng.

The well-known firm of Wm. R. Warner & Co. have been awarded, at the Antwerp Exposition, the Grand Prize for the excellency and purity of their preparations.

Dysmenorrhœa.

C. F. Baker, M.D., Decatur, Mich., says: "I have prescribed Aletris Cordial in two cases with very favorable results. The first, a case of suppressed menses of short duration. Her age was about 15 years. Had been regular for over a year; missed her catamenia for the first time, and suffered from headache and general malaise. The Aletris Cordial, in teaspoonful doses three times a day, set her all right in a few days. The second was a case of dysmenorrhœa. Age of patient about 28 or 30 years. Had always suffered extremely at her menstrual periods, unless under the influence of some narcotic, and almost always was obliged to take her bed for two or three days at each period. She used a half-pound bottle of the Aletris Cordial, in teaspoonful doses three times a day, with perfect relief from pain while under the influence of the Cordial, or, to use her own words, she would not have known by her feelings that she was unwell, and did not feel different in any respect than when in her usual health.

At present writing the medical profession of the whole world is looking for information as to the use of Antitoxin. This remedy promises to revolutionize the treatment of diphtheria. We especially invite the attention of our readers to the department of "Clinical Notes" in this issue of the Universal Medical Journal, giving important information regarding Antitoxin, how prepared, how administered, and what is expected of it. The Behring solution referred to in this article can be obtained from the well-known firm of Lehn & Fink, New York, who have it in stock, with other supplies on the way.

The Geneseo Road Cart.

This is the cart upon the arm-rail of which the silver dollar was balanced at the World's Columbian Exposition, Chicago, Ill., and could not be shaken off by the horse-motion. This is remarkable, and is one explanation why

this company has sold so many carts all over the world. We are told that over two hundred sales of these carts were made to people, during the Fair, from foreign countries. We would advise our readers to write the manufacturers, D. F. Sargent & Son, Geneseo, Ill., for price-list and testimonials.

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Liquid Bread, undoubtedly, is the best malt-extract made, and we would advise our readers to give it a trial. It is pronounced to be a very excellent tonic, and is prepared by David Nicholson, of St. Louis, Mo.

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Hæmoferrum is a new form of iron made from the blood, manufactured by F. Stearns & Co., Detroit, Mich. It is claimed to be Hæmoglobin in its purest form, viz., Oxyhæmoglobin, which claim is easily proven by subjecting the article to the spectroscope. The advantage claimed for Hæmoferrum is that it is a natural proteid compound of iron, thereby differing from other organic forms by its not being an artificial product. It is very soluble, of pleasant taste and odor, has a neutral reaction, and is non-constipating. Messrs. Stearns & Co. desire that the medical profession give their new product a thorough trial, and will supply samples to all who will mention this journal.

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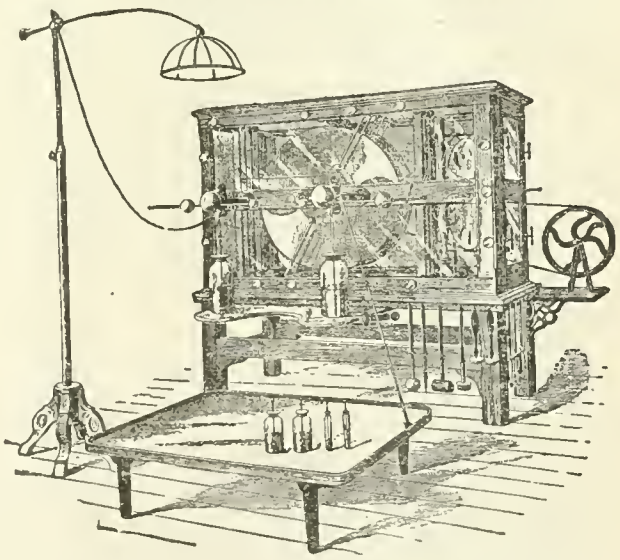

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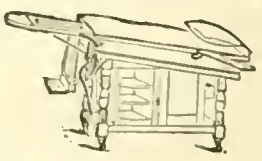

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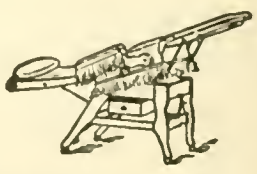

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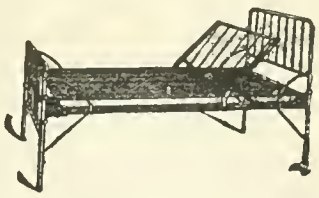

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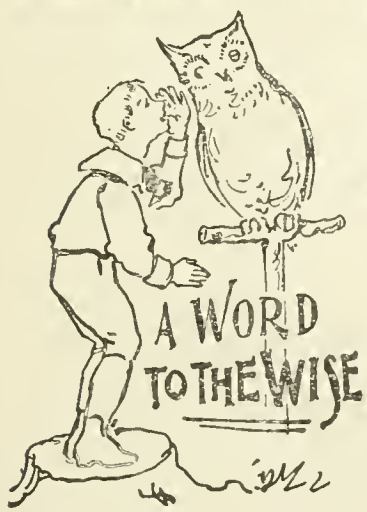

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Selections from Society Proceedings.

AUSTRIA-HUNGARY.

KÖNIGL. VEREIN DER AERZTE IN BUDAPEST.

Meeting of October 27, 1894.

ANTITOXIN IN DIPHTHERIA.—PROF. JOHANN BOKAI made a report upon the use of Behring's serum at the Budapest Stephanie Hospital for Children from September 21st till October 22d, when the treatment had to be stopped on account of the lack of the serum, which had not been obtainable since then from the German clinical establishment at Hoechst, near Frankfort. During this time 35 cases of diphtheria were treated with the serum. There were 9 cases of pharyngeal diphtheria, 7 cases of pharyngeal diphtheria combined with nasal diphtheria, 4 cases of pharyngeal diphtheria combined with slight laryngeal diphtheria, and 15 severe cases of laryngeal diphtheria. There were, therefore, 37 per cent. of mild and 63 per cent. of severe cases. The oldest patient was 12 years of age, and the majority of the cases (20) were under 4 years of age. Five of the 35 cases died, giving a mortality of 14⅓ per cent. This result seems very satisfactory if compared with the statistics of the previous epidemics. The following table shows the number of children treated from October, 1891, to 1894:—

October.	Admitted.	Died.	Recovered.	Percentage of Recoveries.
1891.	74	42	32	43.2
1892.	56	24	32	57.1
1893.	60	37	23	38.3
1894.	35	5	30	85.6

Regarding the immunizing power of the serum, the results were less favorable, and there were cases which underwent relapse, though injections of the serum had been made. It seems that the serum is excreted within from eight to seventeen days after the injection, and that the organism

loses its immunity in the course of this short time. In some cases where the serum had been injected prophylactically the children did not develop diphtheria during the first few days after they had been exposed to infection, but were affected five, or even ten, weeks after the prophylactic injections. As the serum contains $\frac{1}{2}$ per cent. of carbolic acid, repeated injections may cause symptoms due to the presence of this poison. The production of slight urticaria was the only result observed. The injections of the serum had no influence with regard to the occurrence of septic processes or of paralysis. The necessity of performing intubation or tracheotomy is not diminished by the use of the serum.—*British Medical Journal*, November 3, 1894.

Wiener medicinische Club.

Meeting of October 17, 1894.

Arterio-Venous Aneurism of the Axillary Region.—Dr. M. H. Schlesinger showed a woman who had been shot in the left side of the chest on the 21st of August last. The right arm was almost immediately paralyzed, and subcutaneous emphysema developed, involving the right side of the thorax. There was also complete abolition of motion and sensation in the region of the ulnar nerve, with œdema of the right hand. It was only some weeks later that a murmur, similar to a "*bruit de diable*," was discovered in the right subclavicular fossa. The case, according to the speaker, was probably an aneurism of the axillary or subclavian artery, communicating with the corresponding vein, as the murmur is continuous, presenting rhythmic exacerbations.

Hereditary Syphilis with Acute Nephritis in Infancy.—Dr. Hock presented the case of a child born at term, the mother being a II-para who had contracted syphilis during her first pregnancy, and had been delivered in the eighth month of a child which died shortly after. The second infant showed at birth no symptom of the disease except coryza. At the age of 8 weeks he was attacked by erythema, which soon disappeared under the influence of protiodide of mercury, but within three days an œdema of the pelvis developed. An examination of the urine showed albumin and numerous casts, as well as red and white globules. Other symptoms of syphilis now appeared, but were controlled by iodide of potassium.

This is the first instance of nephritis occurring so soon after birth.—*La Semaine Médicale*, October 24, 1894.

FRANCE.

Ier Congrès Français de Médecine Interne.

Meeting at Lyons, October 27 to 30, 1894.

A Form of Pharyngitis Symptomatic of Diabetes or Albuminuria.—M. Garel, of Lyons, called attention to a mild form of pharyngitis in which there is slight difficulty in deglutition, a sensation of pressure in the throat, and a deposit of mucous which annoys the patient considerably. An examination of the throat shows the pillar of the fauces and the posterior portion of the pharynx to be reddened, the mucous membrane red, swollen,

and frequently covered by a layer of glairy mucus. This condition of the membrane calls for an immediate examination of the urine, in which, in the majority of cases, sugar or albumin will be found. By examination of the throat only, it is impossible to say which of the diseases one has to do with, as most of the patients present but insignificant general symptoms. Joal, in 1882, attributed the same diagnostic value to dry pharyngitis, but recognized that in seven-eighths of the cases neither sugar nor albumin could be found in the urine. In the hyperæmic form, however, the urine is rarely normal. The speaker had observed 21 cases of this form of angina,—10 with diabetes and 11 with albuminuria. In 3 of the cases the sugar and albumin alternated.

Treatment of Broncho-pneumonia Consecutive to Tracheotomy.—M. Moussous and Rocaz, of Bordeaux, gave statistics of their method of treating this complication of diphtheria. Their first step is to isolate all cases of broncho-pneumonia following diphtheria, whether tracheotomy has or has not been performed. The patients are allowed to remain only for several days in a certain room or ward, which is carefully aired and disinfected before receiving new cases. After tracheotomy has been performed a gauze bandage is placed in front of the cannula, having been previously soaked in the following liquid: Essence of Ceylon cinnamon, 6 grammes ($1\frac{1}{2}$ fluidrachms); alcohol (85), 50 grammes ($1\frac{1}{2}$ fluidounces); neutral glycerin, 60 grammes ($1\frac{3}{4}$ fluidounces). They prefer this fluid to creasote, the vapor of which is less antiseptic and more irritating than cinnamon. They have thus treated 106 children during a period of two years, with 68 recoveries,—a percentage of 64.1.

Picrotoxin.—MM. Semmola and Gioffredi, of Naples, remarked upon the necessity, before administering an antisudorific, of thoroughly understanding the pathogeny of the secretory disturbance. If this be due to irritation of sudoriparous nerves, remedies such as agaricin, atropin, etc., should be given; but if it be due to central vasomotor paralysis, excitants, such as picrotoxin, should be administered. They reported the case of a woman 43 years old, affected with hyperhidrosis consecutive to influenza, frequently occurring in combination with peripheral vasomotor disturbances, in the form of more or less extensive red patches. There was no functional or subjective alteration of the nervous system. Atropine, agaricine, camphor, camphoric acid, gallic acid, etc., were tried without success. Picrotoxin was then employed, and three days later the sweating began to diminish, and within eight days completely disappeared. The daily dose used was 1 milligramme ($\frac{1}{64}$ grain).

Gonorrhœal Vulvitis Transmitted by a Thermometer.—MM. Weill and Barjon, of Lyons, described an epidemic of vulvitis in a children's clinic, some twenty cases having been observed, the agent of contamination in which was ascertained to be a rectal thermometer. All possible sources of infection were inquired into with the greatest care, such as the bed-linen, bathing arrangements, etc., but no explanation of the epidemic was afforded until the manner of taking temperatures was investigated, when the solution of the problem was at once made easy. The rectal temperature was taken

morning and evening in all the patients by the nurses, who used three thermometers for the ward. After the instrument had been used in a case, it was dipped into a 25-per-cent. solution of carbolic acid, wiped with a cloth, and then dipped in boric vaselin to facilitate its use in the next patient. This method of cleansing it was evidently insufficient. The temperatures being taken without order, the irregular course of the epidemic in the ward was explained. The rapid dissemination of the disease from the day when it declared itself in a girl suffering from typhoid fever was explained by the fact that the typhoid patients who were treated by baths had the temperature taken eight and often sixteen times daily, not only before the bath, but also one hour after. The cause of the epidemic being clear, new thermometers were introduced, the old ones being reserved for the patients already suffering from vulvitis. The thermometers after use were dipped in 1 to 3 hydrochloric-acid solution, wiped with sterilized cloths, and rubbed with boric vaselin each time after use, and were kept the entire day in a sublimate solution (1 per cent.). From this time on no new cases occurred. A proof that the thermometer was the real cause of the epidemic was given by the appearance of three new cases some weeks later, coincident with the appointment of a new nurse, who, unacquainted with the improved method of disinfection, cleansed the thermometer as it had formerly been cleansed. When instructed as to the change, no more cases occurred, and the epidemic came to an end.—*La Semaine Médicale*, November 3, 1894.

Huitième Congrès Français de Chirurgie.

Meeting at Lyons, October 9 to 13, 1894.

Subtrochanteric Osteotomy of the Femur for Vicious Ankylosis.—M. le Dentu, of Paris, read a paper upon this subject, in which he stated that manual reposition, with multiple subcutaneous myotomy, could be performed in cases dating back eighteen months or two years, in which the deviation did not exceed 20 to 30 degrees. In older and more marked cases of 30 or 35 degrees, manual or instrumental osteoclasis, with multiple myotomy, would perhaps be better. In still more marked cases of deformity, linear section or cuneiform excision is usually necessary, the latter being preferable on account of the greater facility with which the surfaces can be approximated, the fragments being more movable with linear section. Personally he prefers cuneiform osteotomy, and to avoid any danger of a sphacelus he does not hesitate to excise a transverse cuneiform slice of the adipose tissue and the skin behind the solution of continuity in the bone. If, in suturing, he observe anæmia of the soft parts, from approximation, he uses a large T-shaped wire splint, the vertical branch of which is at an obtuse angle with the transverse branch. He makes moderate abduction of the member, the foot being rotated outward, and in a few days substitutes for the splint a simple apparatus for continuous extension, counter-extension being made on the buttock of the other side. A tension of two to four kilogrammes (four to eight pounds) is sufficient. To prevent stiffness of the knee, he believes that passive movements should be employed from the fifteenth day, care being taken not to extend the motion to

the hip-joint. In cases where it is desirable to obtain nearthrosis, mobilization should not be attempted before fifteen or twenty days after the operation.—*Semaine Médicale*, October 17, 1894.

Contagion of Cancer.—M. Guelliot, of Reims, presented a communication embodying the results of an inquiry as to the contagiousness of cancer, begun in 1891. The number of cases collected by him in which cancer appeared to have been communicated by contagion was forty. In the author's opinion, his facts show: 1. That cancerous affections are unequally distributed in adjoining districts, and that neither heredity nor consanguinity is adequate to account for this. 2. That there are real cancer-houses, the dwellers in which, though having no link of blood-relationship between them, are successively or simultaneously attacked by malignant tumors. 3. That cases of cancer attacking two persons living together are relatively frequent. Of 100 such cases, published and unpublished, in 85 the persons attacked were man and wife; in 8 they were medical practitioners who had been specially engaged in the treatment of cases of malignant disease. According to the author, these facts tend to show that cancer is transmitted, directly or indirectly, and that it runs its course as an infectious disease with an average incubation of from a few months to two years, a primary lesion, then generalization.

Delore, of Lyons, stated that cancer seemed to him capable of being transmitted by pregnancy. Fifteen years ago, at the Congress of Blois, he had brought forward a case in point.—*British Medical Journal*, October 20, 1894.

GERMANY.

Berliner medicinische Gesellschaft.

Meeting of October 17, 1894.

Uretero-Uterine Fistula Cured by Hysterectomy.—Hr. Mackenrodt presented a patient aged 40 years, a multipara, who had been delivered by forceps a short time previously, a laceration of the cervix resulting. Soon afterward a uretero-uterine fistula was found to exist, and an effort to prevent the urine from flowing into the uterus by establishing a cervico-vesical fistula failed, the latter closing immediately. The speaker then resolved to transform the uretero-uterine into a uretero-vaginal fistula. The ureter in the region of the fistula was but a rigid tube, and was separated from its attachments, but it was soon evident that the operation would not be a success unless the uterus was entirely extirpated. This was therefore done, care being taken to carefully close the peritoneal cavity, the ureter being turned into the vaginal cavity. During the post-operative period the urinary secretion could readily be studied, the quantity passing by the left and right ureters being variable. At the end of eleven days that evacuated by the right exceeded that by the left to the amount of a litre (quart) and a half.

Three weeks later the uretero-vaginal fistula was united to the wall of the bladder, the result being perfectly satisfactory. The vaginal wound closed, the secretion of urine became normal, and there was no necessity

for the use of the catheter. Examination showed that an equal amount of urine was now evacuated by both ureters.

Extirpation of a Cancerous Larynx.—Herr Rotter presented a man aged 72 years, on whom he had performed total extirpation of the larynx for cancer, and had applied an artificial larynx. The man now speaks in a loud and intelligible voice. To prevent pulmonary infection by mucus or secretions from the wound, the speaker had formed from the muscles of the pharynx a septum separating the buccal cavity from this wound, thus rendering it unnecessary to feed the patient with a tube or to renew the dressings so frequently. Three weeks after operation the weight of the patient had increased 3 kilogrammes (6 pounds), and at the time of the meeting, six weeks after the operation, he had increased 9½ kilogrammes (19 pounds). —*La Semaine Médicale*, October 24, 1894.

GREAT BRITAIN.

Midland Medical Society.

Meeting of November 1, 1894.

Modern Treatment of Pulmonary Phthisis.—Dr. C. Theodore Williams, in his inaugural address, observed that the various specific modes of treatment of phthisis seem to ignore one great factor,—viz., the resisting power of the organism to disease. A glance at the history of the treatment of phthisis will show that whatever success has been attained has been due to strengthening and fortifying treatment, whether by diet, climate, or medicines, and not by so-called specific treatment. Life in the pure air, judicious exercise, a light nourishing dietary, and such aids as codliver-oil and tonics have effected more than all the bacillicide treatments put together. All act on the old principle of helping nature to help herself against her foes and reducing the vulnerability of the patient to attack.

The problem of treatment resolves itself principally into means to increase the number and activity of the phagocytes, thus rendering more probable the destruction of the tubercle bacilli. To promote the formation of lymph and of blood rich in leucocytes, experience teaches that the surest method is in supplying a large quantity of oleaginous food under conditions which promote its absorption and assimilation. Among this class codliver-oil is pre-eminent, on account of its penetrative power and the ease with which, with pancreatic juice, it forms a rich emulsion capable of absorption. It is probably this which has caused codliver-oil to do so much good in the treatment of phthisis; and when we reflect on the number of poor phthisical patients in the out-patient departments of hospitals, who enjoy no advantage of climate, whose surroundings are the reverse of sanitary, whose food is scanty, and whose trade or occupation is by no means salubrious, yet who hold their own by steadily persevering for months and years with codliver-oil, it must be admitted that it does in some subtle way supply the requisite nourishment and augment the resisting force of the system; the diminution of the usual phthisical symptoms and the rapid gain of weight and strength confirm this. With regard to substitutes for

codliver-oil,—and they are legion,—he has given a fair trial to most of them, and has not yet found any at all comparable; but the combination of the oil with the preparations of hypophosphites, of phosphorus, and arsenic have proved very useful. The introduction of a large amount of milk into the dietary is to be aimed at.

The most important factor in the treatment, however, is pure air, and on its thorough application to the system of the patient most success depends. Sunshine and pure air are the best bacillicides. A leaf might with advantage be taken by English physicians out of the book of some of our Continental friends, and phthisical patients be fearlessly trusted to a little more open-air life than is at present done. Undoubtedly the treacherous climate of the British Isles, especially in winter and spring, is the great excuse. At most English health stations a wet or snowy day means confinement to the house, and generally to the fire-side, for the whole twenty-four hours, the usual plea being the great tendency of phthisical patients to catch cold and contract fresh catarrh. From what goes on at Davos, St. Moritz, and Falkenstein, the probability of catching cold, if ordinary precautions are taken, is very doubtful. There phthisical patients almost invariably sleep with open windows throughout the winter, when the thermometer not uncommonly registers 4° F. (15 6° C.), or 36° F. below the freezing-point, care of course being taken to heat the rooms with stoves, to provide plenty of blankets and coverlets, and to see that the current of external air is not directed on to the patient, but that it first ascends to the ceiling. The universal testimony of medical men is that no harm, and much good, results from this practice. One effect is that patients accustom themselves to live at a lower temperature without noticing it. At Davos, Leysin, and Falkenstein there are covered terraces, or long, sheltered corridors open on one side to the air and protected from wind, where a large number of phthisical patients in various stages of disease recline on couches for the greater part of the day in all weathers. These galleries are deep and lofty, generally facing the south, sheltered from too much sun and from rain and snow by curtains. The patients lie on well-cushioned basket-work or bamboo couches for from seven to ten hours daily, only leaving them for meals or exercise. In the winter there is no heating apparatus, and warmth is kept up by fur clothing and abundant covering. At Falkenstein, on the slopes of the Taunus, about four hundred and sixty feet above sea-level, this seems to be sufficient. Besides these terraces at Falkenstein there are a number of pavilions in the park-like gardens, some holding two or four invalids, which rotate so as always to insure protection from wind and rain. The patients seem quite at their ease, and may be seen reading, writing, knitting, and playing cards and games all day. They can keep warm even at Davos. Dr. Williams objected to a continued recumbent position, as not favoring expectoration, and as involving a want of exercise. For the cases of consolidation or of excavation with pyrexia, exercise is undesirable, and a continuously-recumbent position the best; but in cases of limited apical lesions and limited cavities without fever it is desirable for the patient to take as much exercise as his strength will permit, in order to develop and extend the healthy por-

tions of the lung and to increase the muscular power. This, however, need not prevent the patient from spending the resting times of the day in the recumbent position in the open air.

The speaker then made some remarks on the medical treatment of the disease suggested by thirty years' experience. Cough should always be treated by promoting expectoration, one of the best forms of expectorant being the effervescing carbonate-of-ammonia draught night and morning, which will generally clear the bronchial passages for several hours. If there be a good deal of fruitless hacking before expectoration, causing annoyance to the patient, the addition of a few minims of dilute hydrocyanic acid and $\frac{1}{2}$ drachm (2 grammes) of syrup of poppy or codeia will do no harm and considerably allay the reflex irritation. Where the cavities are large, deep, or basic, and consequently require great expiratory effort to clear, combinations of sal volatile and spirit of ether with camphor-water answer admirably, while for old or feeble persons champagne will often serve the same purpose. But the most satisfactory way to reduce the cough of chronic phthisis is by counter-irritation to the chest-wall—best by blistering. It will be found that relief will follow in proportion to the amount of serum drawn by vesication, and fly-blisters or acetum cantharidis, or the strong, but very efficient, liquor epispasticus, answer the purpose. Night-sweats, when they are a mere flux from the vessels or lymphatics, and not a relief of pyrexial processes, ought to be checked, and this can generally be done by arseniate of iron, $\frac{1}{6}$ grain to $\frac{1}{3}$ grain (0.01 to 0.02 gramme) at bedtime; picrotoxin, $\frac{1}{60}$ grain to $\frac{1}{30}$ grain (0.0013 to 0.0026 gramme); or nitrate of pilocarpine, $\frac{1}{20}$ grain (0.003 gramme); or the old-fashioned oxide of zinc in from 3-grain to 5-grain (0.2 to 0.32 gramme) doses, which generally succeed and do no harm. Preparations of belladonna and atropine, though they are effectual controllers of night-sweats, are less satisfactory, because their continuance for a long period often induces dryness of throat and mouth, dilatation of the pupils, and disturbance of accommodation. The treatment of pyrexia depends very much on its cause. Where it accompanies tuberculization it probably will subside of itself when the tuberculous process becomes quiescent, and even if persistent will only prevail in the afternoon. An effervescing saline, with a few drops of tincture of aconite or a few grains of quinine, is all that is then wanted. But pyrexia accompanying acute excavation, or acute excavation and tuberculization, is very troublesome and sometimes quite intractable. Antipyretics only give temporary relief, and often do harm by depressing the patient's constitutional powers and producing collapse. The great object is to keep the patient quiet in bed or lying on a couch, and, if possible, in the open air; to feed him frequently; and to supply alcohol to repair tissue-waste, while administering only sufficient antipyretics to keep the temperature within moderate bounds. Quinine in small doses in effervescence before or during the rise of temperature will often suffice, or Henn's well-known pill twice a day. The diarrhœa which accompanies tuberculous ulceration may be checked by sulphate of copper and opium if the ulcerative process be limited in extent, but if there is much ulceration, and the ileum and large

intestine are involved, injections are best. The enema opii of the British Pharmacopœia is excellent, but some most obstinate cases yield to large injections of linseed-tea, which has a most soothing influence on the irritable ulcers.—*Lancet*, November 3, 1894.

London Obstetrical Society.

Meeting of October 4, 1894.

Pregnancy in a Rudimentary Uterus.—Dr. Leonard Remfrey presented a specimen removed from a patient at St. George's Hospital, in a case of pregnancy in a rudimentary uterus. The principal interest of the case lay in the diagnosis during life and at the time of operation. The uterus was slightly tilted over to the right, and attached to it was a rounded hard mass, feeling exactly like a fibroid. In fact, as pointed out by Bland Sutton, such cases are nearly always mistaken for fibroids. The tube and a round ligament were both on the same side as the tumor,—an important fact, because, if the round ligament were on the opposite side to the tube, the case would be one of extra-uterine gestation; whereas when on the same side it would be part of a double uterus. The patient was 30 years old, without any history pointing to pregnancy, and was therefore treated for fibroid for one year. The tumor diminished somewhat in size; but as she continued unable to work, the author proceeded to operation, when he found that he had been entirely mistaken in the diagnosis. On passing the hand down the right side of the pelvis he encountered what appeared to be a normal uterus, from which came off the right tube and right broad ligament. To it, joined only by a narrow pedicle, was the mass above alluded to, which he removed without difficulty. The woman had no rise of temperature, and the stitches were removed on the seventh day. On the eighth day, in consequence of a violent fit of coughing, the intestine escaped through the wound-cicatrix, and by the time attention was called to her condition the coil of intestine had become of a dark red, and the patient was very much collapsed. He returned the intestine without difficulty, and washed out the peritoneal cavity, but she sank and died next day. Post-mortem examination showed the stump to be perfectly healthy. The specimen contained a macerated skeleton,—a thing which Bland Sutton stated he had never seen or heard of before. The cavity appeared to have no connection with the uterus.

Pelvic Inflammation and Ovarian Cysts.—Dr. Cullingworth pointed out that the form of pelvic inflammation with which small suppurating cysts of the ovary and ovarian abscesses are usually associated is not pelvic cellulitis, but salpingitis, the ovarian suppuration being due to secondary infection. An analysis of eighty-three cases in which he had performed abdominal section for non-cellulitic suppuration showed that ovarian suppuration formed a large percentage of the cases, being next to purulent salpingitis in frequency.

Galabin concurred in the author's views, and emphasized the necessity of removing the whole of the ovarian tissue in such cases.

Duncan suggested the necessity of curing endometritis in order to

prevent an extension of the mischief.—*Medical Press and Circular*, October 10, 1894.

UNITED STATES.

American Association of Obstetricians and Gynæcologists.

Meeting at Toronto, September 19 to 21, 1894.

Treatment of Distension of the Fallopian Tubes without Laparotomy and Removal.—Dr. Frank A. Glasgow, of St. Louis, brought to the attention of the profession a method of curing this condition by rendering more patulous the uterine ends of the tubes, so that a discharge may take place from them through the uterus. As far as his observation goes, the tubes are always pervious at the outer extremity of the cornu; hence when removing them we must always clamp them before cutting. The obstruction must be within the uterine wall, probably in the endometrium. Gonorrhœal inflammation is not an adhesive inflammation, and hence true atresia of the tubes does not follow it, their closure being due to a swelling of the endometrium, and occurring at the uterine end. When this inflammation and swelling are overcome by pressure and antisepsis the tubes again become patulous. The intra-abdominal pressure will cause fluid in any pendent portion of the tube to ascend into the uterus. The procedure recommended can be carried out in three different ways: (1) by gradually packing with gauze, without anæsthesia; (2) by rapid dilatation of the cervix and packing with gauze after curetting, under anæsthesia; (3) by his own method, dilating with antiseptic or sterilized elm-bark tents. These tents are small strips of elm-bark made just long enough to enter the cervix completely and not press on the fundus. They should be kept in an alcoholic solution or bichloride of mercury (1 to 4000) and have a strong string attached, by means of which they may be withdrawn. They are partially broken in a number of places for the purpose of making them more pliable. They may be dipped into glycerin or water just before introduction. These tents may be used when it would be impossible to pack with gauze. He had treated twenty or more cases during the past year, and could not recall one in which some discharge did not take place from the tent All of these cases were either cured or very much benefited.—*Journal of the American Medical Association*, October 6, 1894.

Diagnosis of Gall-stones.—In reporting a fatal case of cholelithiasis, F. Blume, of Allegheny, Pa., remarked upon the difficulty of forming a diagnosis from the symptoms present. In the author's case, notwithstanding the large number of gall-stones, their extensive distribution, and the numerous points of suppuration, an enlargement of the liver could not be ascertained. Though the bile-ducts were distended to their utmost capacity by impacted calculi, the flow of bile was not seriously interfered with, and jaundice did not occur until the case progressed and septic cholangitis developed. It is stated by various authors that the paroxysms of pain are followed by chills and elevated temperature, and that the pulse is usually slow. Neither chills nor a rise of temperature occurred during the first three weeks of his attendance on the patient. The pulse was accelerated during the paroxysms and at no time below 70.

The association of obstinate gastro-intestinal derangements with cholelithiasis is well known; it was very marked. A sense of fullness and an obscure dull pain at the epigastrium, a gradual loss of appetite, and an intractable constipation are, so far as the author's experience goes, often the only initial symptoms. Usually the occurrence of biliary colic soon clears the diagnosis, which is made positive by the presence of calculi in the stools. The painful attacks in this case could not be asserted to be hepatic colic, their resemblance to gastralgia being remarkable. There were no points of distinction for the first three weeks in which the patient was under his care, leading him to the inference that in many instances of so-called gastralgia and of other obscure gastric disturbances which resist all methods of treatment, the cause is not to be sought for in the nervous system or anæmic condition of the patient, not in the uterus and ovaries, nor in the gastro-intestinal canal itself, but in that portion of the liver overlapping the stomach.

It is said that the presence of gall-stones can sometimes be determined by palpation. The sense of resistance felt at the epigastrium, and which the autopsy proved to be caused by calculi, was too indistinct to indicate its nature. Whether an examination under anæsthesia would have cleared the condition is at least doubtful, yet he would certainly resort to it in future cases.

In those instances where a positive diagnosis is impossible, and where the inconveniences are great, an exploratory incision is not only justifiable, but becomes imperative as long as the condition of the patient permits of surgical intervention.—*Pittsburgh Medical Review*, October, 1894.

Restoration of Intestinal Continuity without Mechanical Devices. —Dr. W. E. B. Davis, of Birmingham, Ala., did not claim originality for any special technique, but rather wished to show that mechanical devices can, in a great proportion of cases, be dispensed with by the surgeon who has had much experience in intestinal work, either on the lower animals or on the human intestine. There is a place in anastomotic work for bone plates, catgut plates, and other devices of this sort, as well as the Murphy button; and while the experienced surgeon will find the field of their application very limited, they will be of great assistance to the surgeon of limited experience. The Murphy button is a valuable device for cholecystenterostomy, and is superior to anything yet suggested for that purpose. The button is so small that it can pass through the intestine without causing any trouble, and it can be depended upon, with almost absolute certainty, to produce satisfactory adhesion and a competent opening between the gall-bladder and intestine. The end-to-end operation, or circular enterorrhaphy, is a dangerous procedure, from the fact that injury to the mesenteric border is liable to produce sloughing, and it is never possible to say that a surgeon will not have this complication follow the operation. Besides, any stitch method in the end-to-end operation requires so much time that it should usually be objected to on that account. The Murphy button can be used very satisfactorily for this purpose, and should be employed unless the surgeon is an expert in intestinal suturing. The operation of Abbe is a plausible one, but not so reliable as one used in the experimental work of the

author, which incision is not made so long as in the case of Abbe, being only about three inches. In gastro-enterostomy the intestine and stomach are both brought into the wound, and the incision three inches in length made in both. Interrupted sutures are taken through the coats of the bowel and stomach around the entire length of the incisions and are tied on the inside, the last stitch being tied on the outside and turned in. A continuous outside safety-stitch is then taken through the peritoneal and muscular walls. In bringing the small intestine together the same procedure is followed, the interrupted through-and-through stitch of large silk being taken instead of an overhand stitch, as recommended by Abbe, and only one row of outside sutures, preferably continuous. This operation can be done very quickly, and is more reliable than the various ones with mechanical aids to anastomosis. It is particularly valuable in cases of simple stricture of the bowel.—*Journal of the American Medical Association*, October 13, 1894.

American Electro-therapeutic Association.

Meeting at New York, September 25 to 27, 1894.

The Treatment of Goitre.—Dr. Chas. H. Dickson, of Toronto, stated that in the early stages of simple hypertrophy a current of 100 to 150 milliampères should be given for ten minutes at a time, a clay electrode being applied over the goitre, and a large wire-gauze electrode between the shoulders. When puncture is resorted to, one should not be content with a current of less than 50 milliampères applied for eight or ten minutes, and care should be taken to observe antiseptic precautions, and to see that the portion of the needle outside of the capsule is thoroughly insulated. In his experience, pure cystic goitres had proved to be the most amenable to treatment. His method was to aspirate the contents of the cyst, inject a hot solution of chloride of sodium (1 drachm to the ounce—4 to 31 cubic centimetres), apply through a trocar a current of from 50 to 100 milliampères for ten minutes, and then withdraw the salt solution. It should be remembered that puncture alone involves some risk, and that change of residence and attention to hygiene are important adjuncts to all forms of treatment.

Dr. Robert Newman, of New York, referred to a method of treatment employed by Dr. Watkins, of New York City, with good results. A needle was connected with each pole of the battery, and currents of only from $\frac{1}{4}$ to $\frac{1}{2}$ a milliampère were found to answer.

Dr. Rockwell objected to the strong currents advised by Dr. Dickson.

Dr. Morton said the object of using these strong currents was to secure adhesion of the cyst-walls, but the same object could be attained with a current of only 5 or 10 milliampères by calling to our aid metallic electrolysis.

The Treatment of Neuritis by the Galvanic Current.—Dr. Landon Carter Gray, of New York, advised waiting three or four weeks if a motor nerve were involved, or if a sensory or a mixed nerve were affected, until the pain had entirely subsided, and then experimentally and very carefully apply a galvanic current of from $\frac{1}{4}$ to 1 milliampère. It was

important to use a broad electrode above and beneath the affected nerve, and to use a reliable rheostat and milliampèremeter. The discussion seemed to show a general unanimity of opinion regarding the recommendations made in the paper.

THE SINUSOIDAL CURRENT.—DR. J. H. KELLOGG, of Battle Creek, Mich., stated that with 14,000 to 16,000 alternations per minute he had observed a decided diminution in the sensibility of the parts to which the current was applied, so much so that in ten minutes the strength of the current could be doubled without producing increased sensation. He considered the faradic current in every way inferior to the sinusoidal current.

Dr. Morton remarked that in actual practice he had found this current particularly useful for treating children, as it did not hurt or frighten them, which could not be said of any faradic current, however skillfully applied.

Dr. Walker also praised the sinusoidal current.

Dr. Goelet thought it was not as distinctly tonic as the faradic, or so generally useful.

Dr. Hall Brown described a method which she had devised for controlling and regulating the sinusoidal current as obtained from certain electric-lighting circuits. Almost any induction coil would make a suitable transformer for this purpose, but such an apparatus was preferaby constructed of one layer of No. 20 wire for the inside coil and ten layers of the same wire for the outside coil.—*Medical Record*, October 13, 1894.

Selections from Reports of Members of the Annual's Editorial Staff.

Russia.

DR. J. DRZEWIECKI,

РЕДАКТОР-КОРРЕСПОНДЕНТ из области русской литературы, касающейся: Общей медицины и терапіи, педіатріи, акушерства, гинекологіи, ларингологіи, отологіи, гигіены, демографіи, судебной медицины, гистологіи, бактеріологіи, анатоміи и физіологіи.

Всѣ періодическія, медицинскія изданія, сочиненія, статьи, монографіи и т. д., изданныя на русском языкѣ и касающіяся вышеименованныхъ предметовъ, должны быть адресованы на имя

ДРА ДРЖЕВЕЦКАГО.

87 Краковское Предмѣстье, Варшава.

Diet in Gout.—A. BOGDANOFF has studied, in Professor Obolenski's clinic, the influence of animal, mixed, and vegetable diet in four patients, three of whom suffered from gout and the fourth from round ulcer of the stomach. The latter patient was given only milk as a food. The mixed diet was found to cause the greatest daily excretion of urine and of uric acid. The specific gravity was between that of the urine in vegetable and that in animal diet. The body-weight increased most under the influence of vegetable diet, diminished under mixed diet, and fell greatly under meat diet. In the fourth patient, although the daily quantity of urine was as great, with a slightly-acid reaction, the quantity of uric acid was small. The author concludes, from these experiments, that the diet of gouty persons should not be heavy, but nourishing, and tending to increase the number of white blood-

corpuscles. For this purpose mixed diet answers best. Pure meat diet acts badly from a psychical stand-point, frequently causing a great antipathy to meat, a tendency to eat little and to drink less, and in this manner diminishing the quantity of urine considerably. Constipation is also often observed.—*Journal of Medicine and Hygiene*, vol. i, 1894.

The Length of the Intestines.—DRAIKE, of Moscow, has measured the length of the intestines in 104 bodies of children and 65 bodies of adults, and comes to the following conclusions: In children, sex has no influence upon the length of the intestines; in adults, however, they are longer in men than in women. Children have relatively longer intestines than adults. The larger intestine is relatively longer in adults than in children, in comparison with the small intestine. Morbid changes in the intestines in children cause their lengthening. Those dying of phthisis and emaciation had comparatively shorter intestines than other patients. Nationality appeared to have no influence on the length of the intestine in these cases.—*Inaugural Dissertation*, Jurieff (Dorpat), 1894.

Influence of Artificial Carlsbad Water and Piperazin upon the Uric-Acid Secretion.—ESER HERSHUNG undertook a series of experiments upon this subject in nine patients at Professor Wasilieff's clinic, and found that the quantity of uric acid in the urine diminished when Carlsbad water was used; this diminution, however, was not due to slow formation, since experiments undertaken by Dr. Pallop at the same time, as to the influence of Carlsbad water on nitrogenous metabolism, showed an increased quantity of urea. The quantity of extractive substances diminished, and the daily quantity of urine increased. Piperazin also diminished the excretion of uric acid, but in a lesser degree than the Carlsbad water, and did not show any diuretic action.—*Inaugural Dissertation*, Jurieff, 1894.

Sweden.

DR. F. EKLUND,
Brefväxlande Medarbetare
för den
SVENSK MEDICINSK
LITTERATUR.

Af alla i Sverge utkommande medicinska tidskrifter, böcker, afhandligar, monographier a. s. v. torde ett exemplar benäget öfversändas till

DR. ABRAHAM
FREDRIK EKLUND,
Sibyllegatan, 3 A,
Stockholm.

Tumors of the Placenta.—EDWARD ALIN observed an interesting case of this nature, in a III-para 29 years old, the placenta weighing 640 grammes (21 ounces). In the marginal portion, four centimetres thick, there was a solid tumor as large as a hen's egg, and another the size of a walnut, five centimetres distant, in the centre of the placenta. Both tumors were made up of numerous smaller ones, varying in size from the head of a pin to a hazel-nut. The tumors could be easily distinguished from the rest of the placental tissue by their compact appearance. There were no other tumors, infarcts or hæmorrhage, or any condition which would indicate an impediment in circulation, and no inflammatory areas or signs of degeneration. The tumors were found to consist of capillary vessels, surrounded by scanty connective tissue with few cells. There was no trace of a sarcomatous structure. The endothe-

lium of the vessels consisted of a single layer, with well-defined cells, coloring easily. The author regarded the tumors as due to hypertrophy of the chorionic villi with abundant vascularization.—*Warfvinge's Festschrift*, p. 217, 1894.

A Case of Œsophageo-pleuro-thoracic Fistula.—N. Samuelson had under his care a boy of 11 years, who suffered from right-sided empyema, which was treated by incision, washing out with tepid 4-per-cent. solution of boric acid, and drainage. The wound closed completely, but in two years and a half a relapse occurred. Fragments of undigested food appeared at the orifice of the fistula, mixed with the mucus of expectoration, but free from tubercle bacilli. Attacks of cough followed the drinking of fluids, especially when the latter were cold. In a few seconds the fluid ingested ran out through the orifice, which was situated in the right mammillary line, eight centimetres below the nipple. There was great emaciation, with acute pains in the chest and diarrhœa, and finally the patient succumbed. Post-mortem examination showed a fistula in the œsophagus, behind the hilus of the right lung, two centimetres in length and one centimetre wide, in free communication with the pleural cavity.—*Warfvinge's Festschrift*, p. 227, 1894.

Creasote in Phthisis.—G. D. Wilkens used Hopman's mixture in about two hundred cases, giving doses varying from 1 to 8 grammes ($15\frac{1}{2}$ minims to 2 fluidrachms), and in about 20 per cent. of the cases from 11 to 13 grammes ($2\frac{3}{4}$ to $3\frac{1}{4}$ fluidrachms). In patients who were given from 700 to 1000 grammes ($22\frac{1}{2}$ to 32 fluidounces) within four to six months, no effect upon the number and vitality of the bacilli could be observed, nor upon the course of the disease. In most of the cases, the drug exercised a salutary influence, subjectively as well as objectively. Expectoration was facilitated, digestion improved, and an aperient action was noted. As soon as the drug was discontinued the patients lost ground and rapidly succumbed. Wilkens, from these experiences, recommends creasote in doses of 2 to 4 grammes ($\frac{1}{2}$ to 1 drachm) daily as an excellent symptomatic remedy, not only in cases of commencing phthisis, but in advanced stages of the disease, particularly where digestion is deranged.—*Warfvinge's Festschrift*, p. 39, 1894.

Clinical Notes.

Some Minor Points in the Diagnosis and Treatment of Gastric Affections.—Professor Dujardin-Beaumetz calls attention to a number of simple but little-known measures which will aid us in making a diagnosis in diseases of the stomach. To estimate exactly the condition of the digestive functions, he knows of no better test than the morning meal, provided, of course, that this be always the same and taken at the same hour, according to habit. It should be composed either of coffee with milk in it, or of tea with milk and very little sugar, one or two small rolls, or one or two small pieces of toast without butter. The amount of liquid should always be

the same, and should not exceed 500 grammes (1 pint). When the functions of the stomach are performed normally and physiologically, this breakfast, a veritable test-meal, will pass unnoticed. When the contrary is the case, a series of symptoms will present themselves, enabling us to decide what special functions of digestion are disturbed. If, two hours after the ingestion of the meal, there is a sensation of heat in the stomach, with increased acidity, the case is one of dyspepsia from excess of hydrochloric acid. If, on the other hand, there is an abundance of gas, a feeling of heaviness and fullness and distinct slowness of digestion, the trouble is dyspepsia from deficiency of hydrochloric acid. When pain is experienced about a quarter of an hour after the meal, increasing as time passes, there is probably irritation and inflammation of the duodenum and gastro-duodenitis. Painful cramps and even vomiting characterize disturbance of the muscular and nervous system of the stomach.

Another simple measure is to learn from the patient at what time the symptoms appear. In excessive hydrochloric-acid secretion the sensation of heat and burning in the stomach always appears three or four hours after the meal, reaching the maximum intensity during the night, the patient being awakened between 11 and 1 o'clock by a burning in the stomach and œsophagus, more pronounced if the patient rise. The ingestion of food often relieves him, the excess of acidity being then to a certain extent reduced by the utilization of a portion of it in the peptonization of the food taken. It is in the painful forms of dyspepsia, and especially in the gastralgia of chlorosis, that attacks of pain are observed immediately after the repast.

Another point which is of value is the occupation of the patient. Excessive hydrochloric-acid dyspepsia is, indeed, a professional disease,—as, for instance, those whose business brings them in contact with alcohol, as wholesale and especially retail liquor merchants; grocers selling wines and liquors; restaurant-keepers; men who put the wine in barrels or carry it into the cellars; commercial travelers, and especially those in the liquor trade; tavern-keepers, etc. It is also common in those who expend a great deal of physical force in their work, or who do night-work, as butchers, bakers, marketmen, etc.

Among simple measures that may be considered in relation to the treatment of gastric affections, the position during sleep is one of the most important. A person affected with any disease of the stomach where there is true gastric stasis or a tendency to stasis should always lie on the right side, in order to facilitate the passage of the food from the stomach into the duodenum. If he lie upon the left side, as he frequently does unconsciously during sleep, there is an abundant discharge of gas, with regurgitation, the products of digestion being left in the œsophagus. While the epiglottis protects the respiratory passages perfectly during deglutition, it is absolutely powerless against food coming in the opposite direction; so that particles which penetrate into the larynx may cause extremely painful attacks of suffocation.

But water is also a simple but useful adjunct to the treatment of such

affections, as it excites powerfully the muscular contractions; but as it often becomes distasteful, vomiting may occur, through its special action on the muscular fibre. Infusions of very hot liquids are therefore to be preferred, such as chamomile, star-anise, etc. In patients with inactive stomachs, slow digestion, or dilatation of the ventricle, the author advises a small cup of very hot coffee an hour or an hour and a half after meals. Alkaline waters in small quantities, half an hour or an hour before meals, stimulate the secretion and acidity of the gastric juice, and are therefore indicated in deficient secretion. They are also of value in cases of excessive secretion, being one of the best agents for lavage of the inflamed mucous membrane. Alkaline waters also increase the muscular movements of the stomach and cause a more rapid evacuation of its contents; to produce this effect, however, they must be taken during or after the meal.

Massage is another simple measure which may be employed to advantage in cases of inaction of the stomach and stasis. As has been recently shown (F. Cantru, *De l'emploi des agents physiques et en particulier du massage dans le traitement des dyspepsies. Massage de l'estomac dans ses rapports avec le chimisme stomacal.* Thèse de Paris, 1894), not only does it increase the contractions of the stomach, but also the secretion of the gastric juice, while it causes a modification in the chemistry of its contents. —*Bulletin Générale de Thérapeutique*. October 15, 1894.

The Stomach-Tube in Gastric Affections.—In discussing the question as to what can be done without the use of the stomach-tube in the diagnosis and treatment of gastric diseases, A. L. Benedict, of Buffalo, pronounces the tube as practically useless for determining the motion as well as the sensation and absorption of the stomach, except that the chemical examination of the stomach-contents assists in determining the motor and absorptive power. It is in investigating the secretions and the course of digestion that the tube becomes important, being the least distasteful and most practical of any method suggested. Still, in weak patients with irritable stomachs, who vomit frequently, the stomach-contents accidentally furnished may be made use of and the tube avoided. The question as to whether the fats and carbohydrates are innocuous or whether they are fermenting is answered unfavorably by finding bacteria and yeasts microscopically and butyric and acetic acids chemically in the stomach-contents. But, knowing that fatty and starchy substances have been taken, that certain foods of these classes habitually cause trouble, finding the stomach tympanitic with gas, and noting the eructation of sour gas or liquid, in which we may smell butyric and acetic acids, the diagnosis of fermentation is quite as well established.

The change of cooked starch into sugar is not in itself an important one. If the pancreas can provide for any reasonable quantity of raw starch, it will probably not be overtaxed if the salivary function also devolve upon it. If the saliva is suspected of being at fault (which is rarely the case), let the patient chew a bit of raw potato and spit into a test-tube, in which, after a few minutes, the ordinary sugar-test will show whether or not enough ptyalin is secreted.

It has been shown that the presence or absence of pepsin and rennet has not much practical importance, a little of either seeming to act as well as a good deal. The author protests against the indiscriminate use of pepsin, and believes that, as Ewald says, it should be restricted to cases of advanced mucous catarrh and atrophy. The most important fact to be determined is the quantity of hydrochloric acid. Gastritis of all grades, carcinoma, and usually dilatation are marked by a downward tendency in the secretion of this acid; ulcers, by a marked increase. So far as gastritis is concerned, the stomach-tube is clearly contra-indicated.

Subacute gastritis can scarcely ever require the tube, either for diagnosis or treatment, unless it is excited by foul, fermenting, soft masses. Chronic gastritis can usually be diagnosed from the state of the circulation and the history of the case; still, the tube is desirable in order to verify the diagnosis, and is invaluable for treatment. Copious hot alkaline drinks taken before meals are of some service in stimulating the sluggish circulation and washing away the tenacious mucus which dams up the feeble secretion of the glands, but one experience with lavage will teach us that the stomach must be filled and emptied several times before it is properly cleansed.

Dilatation of the stomach can be diagnosed without the aid of the tube, although the alternation of tympany and flatness and the metallic tinkle of bubbles bursting in the half-filled stomach are valuable tests, possibly only when the tube is used. In the treatment, the tube is almost indispensable to relieve the concomitant catarrh and to remove undigested remnants of food. Still, much good may be accomplished by giving predigested foods and antiseptics.

In cancer the continued absence of hydrochloric acid, as determined from the analysis of the gastric contents, is diagnostic but not pathognomonic, as was at first claimed. Few cases of cancer fail to present other indications of their nature, and, without confirmatory evidence, the non-acidity would scarcely warrant a positive diagnosis. There are cases, however, in which every hint as to the true condition must be eagerly sought. All treatment, except possibly operative, is palliative, yet the tube is useful for the treatment of the accompanying catarrh and fermentation. However, there comes a time when any mechanical interference is dangerous.

As regards subacidity or, occasionally, non-acidity, loosely termed atonic dyspepsia, it must be borne in mind that, although 80 or 90 per cent. of the cases will be relieved by the administration of hydrochloric acid, there is danger, in the 10 or 20 per cent. of cases remaining, of giving inappropriate treatment unless the stomach-contents be examined. Acid neurosis, or supersecretion of hydrochloric acid, may be suspected from the occurrence of dyspepsia in a neurotic individual, from the account of sharp gastric pain temporarily relieved by taking food, from highly-acid eructations, and from the general characteristics of a state of overexcitement rather than depression of an organ. Still, the diagnosis needs the confirmation of chemical examination. The same neurosis culminates in peptic ulcer. The occurrence of a large hæmorrhage scarcely needs the assistance of the tube to

establish the diagnosis, and the treatment both of the neurosis and of the organic lesion consists of physiological rest of the stomach and remedies to calm the overwrought secretory nerves. Ewald refrains from introducing the tube in all cases of ulcer in which the diagnosis can be made in another way, the more so since in these cases the examination of the stomach-contents does not establish the diagnosis nor aid in the treatment.—*Therapeutic Gazette*, September 15, 1894.

Southern California for Consumptives.—W. H. Dukeman, of Los Angeles, is convinced, from a lengthened residence there, that the climate of Southern California is not the best climate for the purposes for which many seek it. He regards the promiscuous manner in which the physicians of the East send patients there as a sad mistake. There are but few selected localities where the consumptive may expect to derive benefit, and then only when he goes in the early stages of the disease. Los Angeles City to-day is not a sanitarium in any sense of the word; it has become a dumping place for consumptives; and physicians and every one else can be made aware of this fact none too soon. While it is true that many phthisical persons have regained their health in that place as well as in other cities of Southern California, it is to be remembered that they removed there at a time when the surroundings were more favorable, when those cities were mere villages, and when the sources of infection were at a minimum. Now lodging-houses and private hotels abound, and, as a rule, consumptives and other invalids occupy them week after week, without their being renovated or thoroughly cleansed; they are succeeded either by healthy persons or other consumptives, occupying the same beds and using the same furniture. If the disease is infectious, then the towns of Southern California are not places to send any more consumptives. Let patients avoid them, and seek the isolated places in the mountains, the desert, or along the sea-coast. If a dry land-breeze and a warm atmosphere are desired, Indio Valley offers many advantages, being an admirable climate for the consumptive from October to May, when he can live comfortably out-of-doors. As the heat in the summer at midday is sometimes excessive, and the atmosphere extremely dry, only those specially requiring a hot, dry climate should remain there during the summer months. Indio has a good hotel, good water-supply, telegraph- and post- office, and is on the line of the Southern Pacific Railroad, about eighty miles from Los Angeles.

Those invalids who require an equable sea-coast climate will find no better place than San Diego. The temperature extremes vary from 40° to 90° F. (4.4° to 32.2° C.) the year round; the daily variation is less than that of Santa Barbara, and the winter months are very little colder than the summer. It is, in fact, an ideal climate for the invalid, tourist, and pleasure-seeker alike. For those requiring a higher altitude and a slightly-cooler climate, there are along the foot-hills of the mountain ranges a number of resorts with good hotels, with the most delightful surroundings, and only a few miles from towns. Whether on the desert, the coast, or in the foot-hills of the mountain ranges of Kern, San Bernardino, and Los Angeles Counties, the direct vitalizing wants of a diseased lung are supplied by the aseptic, ozonized,

dry or moist, balmy atmosphere. Once located at either place, the patient should remain, not a few weeks or months, or a year, but during life, making his home in the place he finds best suited to his particular case. For though the disease is arrested by sojourn in a favorable locality, the patient becomes like a hot-house plant, delicate in structure and dependent on favorable surroundings. While perhaps his ambition may recuperate, his vital energies in a measure decline. He will find that he has no longer the hard, brawny muscles that characterized him while an inhabitant of a temperate region. His improvement is due to the indolence forced upon him by the climate, thus giving rest to the entire structure, retaining for the time the latent energies yet stored up in his system, to be called upon as needed to supply the extravagant waste engendered by the disease. To the climate alone he owes his improved condition, and at such a place it is his duty to remain. He should live as much as possible in the open air, not in the artificial warmth of hotels and lodging-houses, but in the sunshine and an aseptic atmosphere. A cottage or tent on the southern slope of a hill or a rise in the land is best for him, so situated as to get the rays of the sun on all sides; for in this climate there is an ungrateful, unpleasant, chilly coolness in the shade even during the warm summer days, with the thermometer at 80° to 100° F. (26.7° to 37.8° C.). This coolness of the atmosphere, which exists at all times in the shade, and is very pronounced at night-fall, is one of the drawbacks of Southern California as a health resort. It in some way lowers the system, the invalid losing all activity and energy, and the circulation being therefore depressed. An overcoat is a very essential garment all the year round.—*New York Medical Journal*, October 6, 1894.

Recent Suggestions in Therapeutics.

Acute Sciatica.—Make the patient comfortable by relieving him of pain, giving, in mild cases, from 10 to 15 grains (0.65 to 1 gramme) of *phenacetin;* when the pain is severe, inject *morphine* in sufficient quantity to thoroughly arrest it. The patient being rendered easy, confine him to bed, and render the leg immovable by placing it in a splint, preferably the old-fashioned hip-splint recommended by S. Weir Mitchell. This consists of a piece of board about three inches wide, and long enough to reach from the axilla to the sole of the foot, properly covered and applied by means of a bandage, in the same manner from the knee to the foot, and from the knee to the hip. The most common seat of the neuritis is in the upper part of the nerve, from its exit from the pelvis to the middle third of the thigh. Apply hot-water bags, therefore, in such cases under the back of the thigh, keeping them in place continuously until all signs of inflammation have ceased. Fasten a large electrode, the size of the foot, to the sole by means of straps or elastic bands, and place another, fully six inches square, under the hip while the patient is reclining. Connect the latter with the positive pole, the former

with the negative, and gradually turn on the current, being careful not to break the circuit until the patient experiences a moderate sensation of burning. Allow the current to flow uninterruptedly for about five minutes, gradually diminishing it until it is taken off entirely. Repeat daily, or twice daily in severe cases, for seven or eight days. Let the patient remain in bed two or three days longer, when, if the leg can be moved without pain, he may begin to walk a little at a time. (GRAEME M. HAMMOND, *Post-Graduate*, September, 1894.)

Dysmenorrhœa.—Enjoin rest in bed, and give following every three, four, or six hours, according to the severity of the attack: *Potass. bromidi*, 15 grains (1 gramme); *ex. viburnii prunifolii fed.*, ½ drachm (2 grammes); *antipyrin*, 15 grains (1 gramme); *antifebrin*, 1 grain (0.065 gramme); *spts. frumenti*, ad 1 fluidrachm (4 grammes). If the dysmenorrhœa is due to stenosis, perform dilatation, with thorough curetting of internal ring. Do not pack the uterine cavity with gauze at the time of operation, as it may cause retention of the uterine cavity, instead of acting as a drain. In order to maintain the good effects of the operation, pass a thick metallic sound beyond the internal os once a week for several weeks, or employ intra-uterine galvanism. If due to spastic contraction of the internal os, electricity is best. Place the positive electrode in the form of a large felt or clay pad, or a moist towel wrapped about a wire-gauze electrode, on the bare abdomen, and the negative electrode within the uterus, just beyond the internal os. An ordinary uterine sound, with a hole near the handle to fix the pin of the cord, serves as well as the more expensive platinum electrode, and can be insulated by drawing over it a gum-elastic catheter of suitable size and cut the right length. Turn on the current gradually by means of a rheostat, using from 20 to 30 milliampères for five minutes. Six or seven biweekly *séances* are sufficient. (VINEBERG, *Post-Graduate*, October, 1894.)

Hæmorrhoids: Outerbridge's Operation.—Administer a laxative on the second night preceding the day of operation, which will cause a thorough evacuation of the bowels and an interval of rest of from twelve to twenty-four hours. The rectum will then be empty at the time of operation, avoiding the excessive peristalsis and rectal tenesmus generally complained of. Unless necessary, do not cut away hair, as the short hairs cause considerable irritation for two or three weeks after operation. Make the anæsthesia sufficiently profound, in view of the fact that the sphincter reflexes are almost the last to be abolished. Dilate the sphincter ani with the thumbs, bringing the hæmorrhoidal mass into full view. Thoroughly scrub the anal region and wash the mucous membrane well above the operative field with *tinctura saponis viridis* and warm water. In cases with only external "tabs" or with three tumor-like masses inside the sphincter ani, insert the point of a tenaculum into the most prominent portion of the "tab" or tumor, or grasp it with a pair of thumb-forceps. Make enough traction at right angles to the gut to clearly define the mass. Surround

Hæmorrhoids: Outerbridge's Operation (*continued*).

it with the blades of a pair of scissors (curved on the flat) pressed well toward the muscle, and remove the diseased tissue with one or two cuts. Unite the elliptical raw surface by a continuous catgut suture. Amputate and suture each distinct mass in the same manner.

In cases where the whole hæmorrhoidal "inch" is dilated, thoroughly dilate the sphincter, causing the hæmorrhoidal ring to protrude from the anus. Grasp a part of the mass with the thumb-forceps, and with the curved scissors cut away a strip of mucous membrane and hæmorrhoidal tissue down to the muscle, following the line of the mucocutaneous junction all around the lumen of the gut. Remove a second or third strip, if the size of the mass render it necessary. If external hæmorrhoids are also present, in order to prevent recurrence of pruritus and the numerous discomforts usually following the ordinary operation in that region, remove a strip of skin down to the sphincter ani in the same manner. Bring together the free edges of the skin and mucous membrane with a continuous catgut suture, taking a double stitch at two or three points in the circumference of the bowel to interrupt the sutures and avoid the necessity of tying. Should bleeding occur at any point immediately after suturing, an extra suture at that point will at once control it. If, during the removal of the mass, any vessel bleed excessively, it can be quickly controlled by at once beginning to suture. (A. E. Gallant, *Mathews's Medical Quarterly*, October, 1894.)

Placenta Prævia.—Use tampons prepared as follows: Sterilize good absorbent cotton by placing in a sterilizer and boiling for ten minutes, draining in a sterilized, perforated steel box for twenty-four hours. Having sterilized the hands, make the cotton into tampons, and place about forty in a medium-sized sterilized glass jar. Pour into the jar the following solution: *Iodol*, 10.0; *alcoholis absolut.*, q. s. ad sol. perfect.; *glycerin pur.*, 200.0. Before introducing the tampons into the vagina, cover them with a thin layer of 3-per-cent. *carbolized vaselin*, which forms a sort of cement not penetrated by blood. Insert 15 or 20 of these tampons, about the size of a walnut, into the vagina, in such a way that the cavity is transversely dilated and reaches the walls of the pelvis. (C. G. Cumston, *Annals of Gynæcology*, September, 1894.)

Surgical Tuberculosis.—For abscesses, ulcers, and joint affections: Open freely, and excise if joint be involved. Remove the caseous material by curetting; sponge the parts well and arrest the bleeding. Fill the cavity, through a thick rubber tube, with salt solution kept at the boiling-point; fill and empty the cavity until it is thoroughly cauterized. Or, fill the cavity with a cold or lukewarm salt solution, and raise the liquid to a boiling-point by introducing into it the blade of a thermo-cautery at red heat. One minute is sufficient to heat the water in a cavity as large as a pigeon's egg. Do not touch the walls of the cavity with the blade of the knife. Give an anæsthetic if necessary,

though usually *cocaine* locally will be sufficient. (JEANNEL, *Midi Médical*, September 30, 1894.)

The Incision in Abdominal Surgery.—1. With a small, narrow-bladed, sharp knife, make a clean incision of the necessary length through the skin, and with another sweep or two cut through the linea alba, muscle, etc. Lift the peritoneum with the fingers, open it, and enlarge the incision. The use of the forceps or the grooved director to lift the tissues is unnecessary. 2. In closing the abdominal incision use animal ligature, kangaroo-tendon, and catgut. First, carefully bring together the peritoneum in a running stitch, then the transversalis fascia, and the rectus, if the incision is through this muscle; next, carefully bring together, edge to edge, the tendinous insertion of the oblique muscles. The fat and loose cellular tissue above can be brought together in one or two tiers, according to thickness. Bring the skin together carefully with Marcy's cobbler-stitch, thus burying all sutures. 3. Seal with collodion, and if everything connected with the operation has been carefully aseptic absolute primary union will take place, and the different layers of the abdominal wall will have been brought together as near as possible as they were in the first place, and no hernia will result. 4. In cases of extensive umbilical, ventral, or other hernia bring the peritoneum together with an over-and-over stitch of kangaroo-tendon or catgut; to make a flap-splitting operation of the ring, bring together with silk-worm gut or silver wire, buried, the fat and skin being united with the buried animal suture. (J. H. CARSTENS, *Medical News*, October 6, 1894.)

To Remove a Fish-bone From the Throat.—Give about 4 or 6 ounces (125 to 185 grammes) of milk to drink. In forty minutes give an emetic dose of *sulphate of zinc*. The milk goes down in a fluid state, and easily passes the obstruction; by a short stay in the stomach it becomes coagulated into a more or less solid mass, and on coming up forces the bone before it. (FRANK VAN ALLEN, Madura, India, *Medical World*, October, 1894.)

Typhoid Fever.—When first called to a case of suspected typhoid fever, give quinia in good doses for several days, not only to confirm the diagnosis, but to eliminate any malaria that may be present; also give a dose of calomel and soda. Sponge entire body with cold water, and apply ice locally to reduce temperature. For insomnia, use ice to the head, and opium if necessary. If there be exhausting diarrhœa, give opium, sulpho-carbolate of zinc, and bismuth; for hæmorrhage, apply ice to the abdomen, give opium to quiet peristalsis, and ergot or ergotin by hypodermatic injection. Sustain the patient's strength from the beginning by liquid nourishment. (FRANK FLETCHER, *Virginia Medical Monthly*, October, 1894.)

If hæmorrhage, apply an ice-bag to the right iliac region, interposing between the patient and the ice-bag a double layer of white flannel; place a moderately tight bandage over the ice-bag, making a local compress

Typhoid Fever (*continued*).

of it, as well as getting the effect of the cold upon the region of the hæmorrhage. Raise the hips with a small hair-pillow, and remove those from under the head. Give a pill of 1 grain (0.065 gramme) each of *opium* and *sugar of lead*, every three hours until the patient is thoroughly under the effect of the opium. Give also an enema of 1 pint ($\frac{1}{2}$ litre) of ice-cold water, containing 1 dessertspoonful of tannic acid. (Chas. G. Stone, Brightwood, D.C., *Therapeutic Gazette*, September 15, 1894.)

Ulcer of the Stomach.—In cases of a severe type, with violent pains, frequent vomiting, inability to take food on account of the pain, or hæmatemesis, have the patient abstain from any food whatever by the mouth for four or five days, feeding by the rectum. Early each morning give an enema of about 1 quart (litre) of lukewarm water in which a teaspoonful of common salt has been dissolved—a cleansing enema. One hour after the patient has voided this, give a nourishing enema of a glassful of milk (about 200 cubic centimetres—$6\frac{1}{2}$ fluidounces) in which a raw egg has been well beaten, and a pinch of salt added, or of a cupful of water containing a tablespoonful of good *peptone* preparation. The temperature of either must be about 100° F. (37.8° C.). Give such an enema three or four times daily, injecting it slowly by means of a fountain-syringe and a soft-rubber rectal tube. Have the patient frequently wash his mouth with cold water, allowing a small piece of ice to melt in his mouth from time to time, and swallowing the melted water. The five days being over, order a diet suitable to cases of ulcer of the ordinary form. (Einhorn, *Post-Graduate*, October, 1894.

New Books Received.

The editor acknowledges, with thanks, the receipt of the following books:—

Anatomie des Centres Nerveux. Par *J. Déjerine*, Professeur Agrégé à la Faculté de Médecine de Paris, Médecin de l'Hospice de Bicêtre Vice-Président de la Société de Biologie, avec la collaboration de *Madame Déjerine-Klumpke*, Docteur en Médecine, Ancien Interne des Hôpitaux de Paris, Lauréat de l'Institut et de l'Académie de Médecine. Tome premier: Méthodes zénérales d'étude; Embryogénie; Histogénèse et Histologie; Anatomie du Cerveau. Avec 401 figures dans le texte dont 45 en couleurs. Paris: Rueff et Cie., Editeurs, 1895.

This work may in truth be considered as a masterpiece. During the past several years we have witnessed a veritable revolution in the anatomy of the nerves. The discovery by Golgi of the axis-cylinder collaterals, the neurone theory, based upon the work of Forel, His, and Rámon y Cajal, has completely modified our knowledge as to the structure of the nerve-

centres, and especially of the connections of the different nervous elements. In the light of these definitely-acquired facts of such capital importance, the nervous system, peripheral and central, appears to be constituted of a series of neurones superposed upon each other, with no communication except that of contact. This theory explains the fact that degeneration of a pyramidal or medullary tract takes a definite course, without involving neighboring tracts or the nervous cells,—neurones of the second, third, and fourth class, etc.,—around which the ramifications of the affected tract terminate.

Although Golgi's method is of great service in studying the structure of the nervous system in the embryo and the newborn, it must be admitted that but two methods are at our disposal in studying the cerebro-spinal axis in man. Both are based upon seriated microscopical sections of normal and pathological tissue previously hardened, one method being complementary to the other, and to their simultaneous employment we owe what is most precise and solidly founded in our knowledge of the anatomy of the nervous system in man. The use of these methods becomes daily more and more important in making a complete and fruitful study of a diseased brain. The author has employed them in the elaboration of this work, the preparations collected during a long period at the Bicêtre Hospital enabling him to compare normal and pathological results. In this respect the work differs from those previously published, being of value to the anatomist as well as the physician. It forcibly illustrates the radical transformation which medical science is at present undergoing. Such works are sometimes accused of shooting above the heads of their readers, but they only aim above the heads of those who do not keep up with the requirements of their calling. Histology and bacteriology are gradually throwing into the background not only the old notions of pathology. but also the therapeutic measures based upon them ; and he who conscientiously seeks to do his duty must now, more than ever, not only read, but study such books, if he do not wish to be ultimately compelled to yield to the inevitable law of the survival of the fittest.

We sincerely hope that this magnificent work will receive the attention it merits.

Travaux d'Électrothérapie Gynécologique, Archives semestrielles d'électrothérapie gynécologique fondées et publiées. Par le *Dr. G. Apostoli*, Vice-Président de la Société Française d'Electrothérapie, etc. Paris: Société d'Éditions Scientifiques, 1894.

Dr. Apostoli undertook a task of no little magnitude when he began the translation of all works published upon the subject of gynæcological electro-therapeutics and to publish them *in toto* side by side with those written in his own country. We are glad to note that he does not commit the mistake of throwing discredit upon other methods not analogous to his own, though having the same end, a mistake which so often causes the reader to condemn the method advocated, notwithstanding its inherent advantages. On the contrary, he insists upon the fact that the subject, so thoroughly covered in his Archives, is in no way to be classed as a rival to gynæcologi-

cal surgery, which has and always will be of great service in the diseases of women, but rather that, properly used, according to circumstances, it should be appreciated at its true value as a symptomatic and conservative method.

He merely seeks to counteract the unjustifiable ostracism with which it has met since the beginning, and, with a legitimate ambition, to plead valiantly for the cause of conservatism in certain cases, thus diminishing the number of useless or dangerous mutilations.

Dr. Apostoli has, moreover, introduced many personal notes calculated to correct or greatly modify the judgments and opinions which appear to him to be erroneous or exclusive. Some of the articles are not recent, but being, as they are, of great scientific and clinical value they could not very well be omitted if the Archives are to merit that name. Another advantage thus obtained is the accumulation within one cover of a series of papers giving the successive opinions, within a few years of one another, of the same author. Repetitions and useless quotations are of course avoided, and in these Archives only recent work of true clinical value will be recorded. A bibliographical index will accompany the publication. We can but join in Dr. Apostoli's appeal to the good-will and support of all those interested in conservative gynæcology, and who have found in electrotherapy a rational, scientific, and often an efficacious method.

Atlas de Laryngologie et de Rhinologie. Par *A. Gouguenheim*, Médecin de l'Hôpital Lariboisière et de la Clinique Laryngologique de l'Hôpital, et *J. Glover*, Ancien Interne de la Clinique Laryngologique de l'Hôpital Lariboisière. Avec 37 planches en noir et en couleurs, comprenant ensemble 246 figures et 47 figures dans le texte. Paris: G. Masson, 1894.

The difficulties encountered by all physicians who have not become expert in the use of laryngoscopical and rhinoscopical instruments are in a great measure reduced when a model of the parts to be examined is presented to them. The value of models is especially appreciated when operative procedures are to be adopted. Drs. Gouguenheim and Glover have contributed much in this direction by means of their magnificent atlas, containing 293 figures drawn by Dr. Glover, who combines the qualities of an accomplished practitioner with those of a remarkable artist. The work required three years' labor, all the designs being from nature and engraved by Dr. Glover, greater accuracy having been thus obtained than if an artist not familiar with medical practice had done the work. The authors have employed colors only in such plates as it appeared to them to be indispensable, its absence, however, in no way diminishing the value of the other illustrations. The plates on topographical anatomy were made from both wet and dry specimens, which they were able to prepare at the *Ecole pratique*. The clinical cases reproduced are from nature and from personal collections, and are those most generally observed in practice, the authors having deemed it inadvisable to encumber the work with a great number of illustrations of rare and abnormal cases, their object not being to make an enormous collection, but rather to present to their readers cases most

frequently encountered. The plates on anatomy and pathological histology, drawn by Dr. Latteux, formerly Chief of the Laboratory of the Faculty of Medicine, have been executed with all possible care. The last chapter of the work considers the subject of operations, and by means of illustrations from photographs the various positions of both patient and operator are made clear to the reader.

The great value of this work, and the fact that its explanatory text is also presented in the English language, make us hope that it will meet with a large sale in the United States and Great Britain.

Monographs Received.

The editor acknowledges, with thanks, the receipt of the following monographs:—

Transactions of the Ophthalmological Society of the United Kingdom. Vol. xiv. Session of 1893–1894. London: J. & A. Churchill, 1894.——Zur Lehre von der Pathogenese der Gicht, von *Dr. F. Levison*, Copenhagen, 1894.——Why Chronic Urethritis is Ordinarily Difficult of Cure, and an Efficacious Method of Curing it, by *Bransford Lewis*, St. Louis, Mo., 1894.——Transactions of the Texas State Medical Association, Twenty-sixth Annual Session, Austin, Texas, April 24 to 27, 1894.——Transactions of the Grant College Medical Society, Bombay, from January to December, 1893.——Transactions of the Medical Society of the State of Pennsylvania, Forty-fourth Annual Session, held at Philadelphia, 1894.——Contribucion al Estudio del Paludismo en il Puerperio. Tesis del Doctorado en Medicina, por *D. Enrique Núnez y Polomino*, Habana, 1894.——Sulle Dermatiti Esfoliatrici Generalizzate, Ricerche Cliniche Anatomo-Patologiche e Batteriologiche, pel *Dott. Oro Mario*, Milano, 1893.——Modern and Humane Treatment of the Morphine Disease, by *J. B. Mattison*, Brooklyn, N. Y., 1893.——Morphinism in Medical Men, by *J. B. Mattison*, Brooklyn, N. Y., June, 1894.——Bloodless Vaginal Myomectomy, by *Oscar J. Mayer*, San Francisco, Cal., 1894.——Syphilis by Conception, by *George Duffield*, Detroit, Mich., 1894.——Massage in Gynæcology, by *Oscar J. Mayer*, San Francisco, Cal., 1894.——Végétations Adénoïdes et Dégénérescence, par *Drs. E. Regis* et *E. J. Moure*, Bordeaux, France, 1894.——Contribution à l'Étude de l'Ulcère Perforant de la Cloison du Nez, par *Dr. E. J. Moure*, Bordeaux, France, 1894.——Sopra un caso di ascesso cerebrale consecuto ad una otite media purulenta, per il *Dott. E. J. Moure*, trad. da *G. Gradenigo*.——Aangeboren Misvorming der Oorschelp en Otoplastiek, door *Dr. H. Burger*, Amsterdam, 1894.——Das Empyem der Highmorshöhle, Symptomtologie und Diagnostik, von *H. Burger*, Amsterdam, 1894.——Present Position of the Treatment of Hydatid Disease in Australia, by *William Gardner*, Melbourne, Australia, 1894.——Echinococcus Cysts of the Kidney, by *William Gardner*, Melbourne, Australia, 1894.——The Physiological Rôle of Antitoxin Inoculations, by *John Aulde*, New York, 1894.——Nucleins: a Clinical Study, by *John Aulde*, New York, 1894.

NOTICE TO AUTHORS AND PUBLISHERS.

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TREATMENT OF ACUTE AND CHRONIC ULCERS.

By James Osbourn DeCourcy, M.D., St. Libory, Ill.

(Published by Louisville Medical Journal, August, 1894.)

To destroy pus and bacteria, and to aid nature in the work of rebuilding the parts invaded, I have found Hydrozone and Glycozone superior to any and all other agents tried.

Hydrozone is first applied (after the hot water) by the use of an ordinary glass dropper or hard-rubber syringe, slowly, all over the ulcer, until the pus is destroyed. Effervescence, or fermentation, continues, until the enemy is quite dead, but no longer. One layer of absorbent cotton is saturated with Glycozone and placed smoothly over the parts, and held in place by a cotton bandage sufficiently tight to hold the cotton in place.

Other local medication might do as well in some cases, but I have not so found it. The result obtained in the case I report herewith seems to confirm the statement as above made.

Edw. K., age 23. American, but German descent. A farmer by occupation; unmarried. Rather small in stature, but well-built. Having taken sixteen bottles of "blood-purifier" and a lot of "anticonstipation pills" within the last eight months for "falling sickness," came to my office March 19th, with both legs most frightfully ulcerated, from knees to ankles, with considerable discharge of pus from various parts of the legs. Such a case should have been sent to a hospital or sanitarium, for the best systematic treatment obtainable, but, unfortunately, he was so situated that he could not be sent to such a place. In a most pleading way, he asked me if I could do him any good. I told him I thought so, if he would mind me, and take the treatment that I should advise. He promised, and the treatment was begun.

The legs were cleansed by soaking them for twenty minutes in hot water twice a day, after which Hydrozone was used freely all over the sores to destroy the pus, the pustules having been opened and as much pus evacuated as possible.

After this application, morning and evening, the legs were powdered all over the affected portion with a mixture of equal parts of alum, boric acid, and aristol, then covered with absorbent cotton and bound up with an ordinary cotton-gauze bandage.

This local treatment was kept up for two weeks. The improvement was slow, but constant. The process of healing advanced from the knees downward and from the akle upward, leaving the last part to heal about the middle of the leg, where the ulceration formed a thick crust, extending two-thirds around each leg.

The constant discharge of pus from the sores caused the dressing to stick to the parts, which could not be removed without difficulty.

The alum, boric-acid, and aristol powder was discontinued, and Glycozone used as a reconstructive agent, from the end of the second week. The sores were washed and the Hydrozone used as before mentioned, then the Glycozone was applied to the whole affected parts. A layer of absorbent cotton was saturated with Glycozone and smoothly placed around the sores and held in place by a cotton bandage.

There was not any further trouble about the bandage adhering to the sore. The granulation was much more rapid than at first. At the end of the next week the results were very gratifying. At the end of the second week after Hydrozone and Glycozone were used as the sole local agents, the young man said he was well and worked every day from that time.

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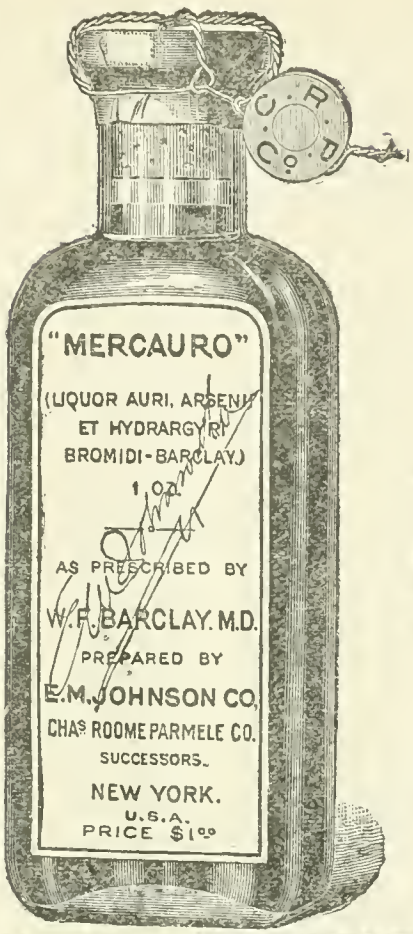

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